2026 ASTRO Annual Meeting
Abstract Guidelines

Annual Meeting Dates – September 26 - September 30, 2026

Deadline to Submit: Tuesday, February 24, 2026; 11:59 p.m. Pacific Time

Notification of acceptance or decline: Thursday, May 14, 2026
Sent to PRESENTING AUTHOR (not submitter)

2026 Important Dates

Please mark your calendars for the key abstract deadlines below:

Abstract Submission Site Opens (including Late-Breaking Placeholder (shell)): December 4, 2025
Abstract Submission Site Closes: February 24, 2026, at 11:59 PM (PT)
Late-Breaking Placeholder (shell) Abstract Submission Deadline: February 24, 2026, at 11:59 PM (PT)
Abstract Notification Sent to Presenting Author: May 14, 2026
Abstract Withdrawal Deadline: June 28, 2026
Late-Breaking Final Data Submission Deadline: July 10, 2026, at 11:59 PM (PT)
Abstract Titles, including LBAs; Released on the Annual Meeting Portal: May 14, 2026
Regular Abstracts Released in the Red Journal Annual Meeting Proceedings: September 25, 2026, at 5:00 PM ET

Eligibility

1. Sponsorship or ASTRO membership is not required to submit an abstract.
2. **Abstracts, including Late-Breaking Placeholder (shell): must be received by 11:59 p.m. Pacific Time, Tuesday, February 24, 2026**
3. All studies in oncology, radiation oncology, and radiation therapy for non-oncologic conditions are eligible for submission. This includes basic and translational science, technology-related, health services research, epidemiologic, patient-focused clinical studies, and all phases of trials.
4. Abstracts may only be submitted by one of the authors of the abstract. **Consent must be obtained from all co-authors** regarding the material and content presented in the abstract. In the event of any conflicts please refer to Item 7 of this Eligibility section.
5. An abstract may only be submitted once. Abstracts of clinically related subjects should be combined into a single abstract. **Submission of multiple abstracts on a single study may result in the rejection of one or more abstracts.**
6. Submit new research. Data from the long-term follow-up of previously presented clinical trials may be submitted only if significant new information can be shown.
7. ASTRO, in its sole discretion, reserves the right to make a determination to remove an abstract from the program if it believes the circumstances warrant removal.

Abstract Policies – Commercial Interests, Disclosures, Embargo, and Copyright

Policy on Studies Sponsored by Commercial Interests

1. Abstracts may be submitted from ineligible companies (formerly referred to as commercial interests). Such presentations will be subject to a rigorous peer review to ensure the validity of the research results and conclusions. In addition, abstract content is subject to change after review so that it is not biased toward any proprietary interests.
2. **An ineligible company is defined as any organization that develops, produces, markets, resells, or distributes healthcare goods or services consumed by or used on patients. Any potential conflict will be identified and managed according to ACCME guidelines, and ASTRO's COI management policies.**
3. The presenting author of an abstract must NOT have a relevant/specific ownership interest, i.e., owner, founder, partner, etc., in the scientific content in the abstract. If a conflict of interest exists, the abstract must be presented by a co-author with no relevant ownership interests.
4. If the presenting author is employed by an ineligible company, as defined above, an alternate presenter must be named. This applies only to abstracts presented in sessions selected to receive CME, such as oral scientific and Quick Pitch scientific sessions.
5. ASTRO will exercise all rights in ensuring that abstracts reporting the discovery of scientific research remain in compliance with ACCME standards for offering CME.

Disclosure Policy

ASTRO is an accredited provider of continuing medical education and adheres to the policies and standards set forth by the Accreditation Council for Continuing Medical Education (ACCME). As such, abstract authors are required to disclose relationships with ineligible companies.

An ineligible company is defined as "any entity developing, producing, marketing, re-selling or distributing health care goods or services consumed by or used on patients."

To ensure its compliance, ASTRO expects that the content and related materials will promote improvements or quality in health care and not a specific proprietary business interest or commercial bias.

We employ several strategies to ensure the absence of bias:

- Presenters are required to provide disclosure of relationships with commercial interests.
- Presenters are required to provide a balanced view of therapeutic options.
- All abstracts undergo a rigorous peer review process.
- Potential conflicts are managed by additional committee review, advance slide review, and session audits.

Embargo Policy and ASTRO Press Policy

All abstracts to be presented at the ASTRO Annual Meeting are embargoed until **5:00 p.m. Eastern Time on Friday, September 25, 2026**. The embargo for all posters at the meeting will also lift at that time. For abstracts selected for oral presentation, information beyond what is included in the abstract, such as updated or additional results, is embargoed until the date and time of scientific presentation or presentation at an ASTRO news briefing, whichever occurs first. The embargo policy applies to all abstracts regardless of whether information is obtained from another source.

Embargo violations by media professionals may result in suspension of credentials at the ASTRO Annual Meeting as well as future meetings and may also impact the ability to receive advanced media materials for future meetings. Embargo violations by abstract authors and/or sponsors may result in the removal of the abstract from the scientific program. Abstract authors are responsible for notifying financial and other sponsors about this embargo policy.

Questions about the embargo policy may be directed to ASTRO's media relations team.

The full text of the abstracts selected for oral and poster presentation will be available online at the start of ASTRO's Annual Meeting. Abstracts also will be published in a supplement of the *International Journal of Radiation Oncology • Biology • Physic*s (www.redjournal.org).

Policy on Abstract Copyrights

Once an abstract is submitted to ASTRO, the author (or owner of the IP rights) retains the rights, including the copyright, vis a vis ASTRO upon submission of the abstract for the meeting. However, by submitting the abstract, the owner is granting ASTRO and its affiliates the right and license to publish, use, post, etc. the abstract. You can find more information about the terms of submission here: Elsevier Website Terms & Conditions.

Generative AI Use Policy

Authors may use generative AI or AI-assisted tools (e.g., large language models) to support writing and language refinement; however, these tools must not replace the authors' own critical thinking, analysis, or interpretation. Authors remain fully responsible for the accuracy, originality, and integrity of all submitted content.

- AI tools cannot be listed as authors. Authorship requires human accountability.
- AI use must be disclosed. If generative AI was used for writing or editing, authors should include a brief statement in the submission (e.g., before the references) identifying the tool(s) used, the purpose, and how the output was reviewed and validated.
- AI may not be used to generate, alter, or fabricate data, results, or images. Image manipulation that changes scientific content is strictly prohibited.
- Privacy and confidentiality must be maintained. Authors should not input proprietary, confidential, or sensitive data into AI tools without verifying the tool's terms and conditions.

These requirements reflect current publishing standards and best practices as outlined by Elsevier in their "Generative AI Policies for Journals." For full details, please refer to:
https://www.elsevier.com/about/policies-and-standards/generative-ai-policies-for-journals

Abstract Scoring Criteria

Each abstract is scored by a committee of at least 7 reviewers who are your peers and experts in the field based on the following scoring criteria:

- Does the abstract address an important and novel question?
- Does the study design permit the question to be answered?
- Are the endpoints of the study clearly defined?
- Is there an appropriate use of statistics?
- Are the methods described in sufficient detail?
- Are the conclusions supported by the data?

Specific questions for prospective Clinical Trials:

- What were the scientific hypothesis and primary endpoint?
- What were the eligibility criteria and study patient characteristics?

- What statistical model and assumptions were used?
- What was the toxicity assessment?
- What were the limitations?
- Was there a rationale, either clinical or laboratory, underlying the study design?
- Is it either promising enough to pursue or negative enough that presentation would prevent other investigators from wasting efforts?

Specific questions for retrospective observational studies:

- What are the scientific hypothesis and outcomes reported?
- What is the data source and how was follow-up attained?
- Is the cohort well-described and reasonably homogeneous?
- Have attempts been made to account for biases inherent in retrospective reviews?
- What statistical methods were used?
- Are the conclusions appropriate to the study design?

Assignment of Score

The following chart is used by the reviewers to determine the score that best represents the abstract being reviewed. Each abstract is given a NUMERICAL score or marked as either Conflict of Interest or Unqualified for our records for complete scoring.

Grade	Explanation
1	**Plenary Presentation –** Outstanding; highest quality; important; new or novel insight; investigation based on original concepts and provides important data or new techniques; practice changing; factual abstract. Highest quality and deserves presentation in the Plenary session.
1.5	**Clinical Trials Presentation –** Very high quality; new or novel insight; possibly practice changing and will influence the field that deserves presentation in the Clinical Trials session.
2	**Oral Presentation –** High quality; potentially practice changing and worthy of presentation and discussion in an Oral session. May not be breakthrough but will have impact on the field.
2.5	**Quick Pitch Presentation** - Good quality; may impact practice changes; worthy of a presentation and discussion in a Quick Pitch oral session format.
3-3.5	**Poster (digital ePoster) Presentation–** Good quality; may be limited novelty; adds value as a poster presentation; adds to existing knowledge; may not be practice changing but may be of interest. Clinical Trials in Progress will only be considered for ePoster presentation.
4	**Possible Reject –** Fair quality; limited novelty; may add little to existing knowledge

4.5-5	**Reject** – Low quality; not suitable for inclusion in the program

Submitting and Presenting Authors Responsibility

1. An individual may submit more than one abstract in which he or she is indicated as the presenting author. **However, they may only present one oral presentation**. If more than one abstract is selected for oral presentation, an alternate presenter must be assigned (this does not apply to quick pitch or poster presentations).
2. It is the submitter's responsibility to obtain consent from all co-authors for submission of the abstract and to ensure up-to-date and accurate disclosures are submitted for each co-author on the abstract. ASTRO manages and reports all disclosures as submitted. Potential conflicts with ineligible companies for the presenting author and all co-authors must be disclosed at the time of submission.
    - Submitters may use **this form** to indicate consent and collect COI information for the abstract authors.
3. ASTRO has developed a policy to handle any violations of the ASTRO Disclosure policy. Any reported violations will be researched and handled according to policy, which can include removal from presenting at future conferences.
4. The *presenting* author will receive all notifications and email communications related to the accepted abstract(s). The presenting author is responsible for informing all co-authors of acceptance to ASTRO's Annual Meeting.
5. **Obligation to Register:** Acceptance of an abstract obligates the authors to present the paper at the in-person meeting and pay the meeting registration fee. If circumstances prevent in-person meeting attendance, you must notify ASTRO and arrange for a co-author to present the abstract on your behalf. **If the presenting author does not register and attend the meeting, the abstract will be removed from the program.**

Presentation at Other Meetings

1. **Abstracts should contain new material that has not been presented or published prior to the ASTRO Annual Meeting, September 26 - September 30, 2026.** Previously presented abstracts will not be eligible for ASTRO's official Press Program or Plenary Session.
2. If the same abstract is accepted for presentation at another major medical meeting (annual meetings of national and international societies with attendance of more than 3,000 participants), or accepted for publication after February 24, 2026, the presenting author must notify ASTRO's Education Team. The Scientific Committee will review and decide on a case-by-case basis if the abstract will remain in the program.

Submission Requirements

1. **Abstract Title:** The abstract title should not include results. All titles should be written in title case and should not include a period at the end.
2. **Abstract Type:** This year's abstract submission process features three distinct submission types designed to showcase the full range of scientific innovation within the ASTRO community. Please review the eligibility criteria and guidelines for each submission type outlined below.

Regular Scientific Abstract

Scientific abstracts presented at ASTRO's Annual Meeting provide attendees with an opportunity to share significant findings and engage with leaders in the field. Accepted abstracts cover all areas of oncology, radiation oncology, and radiation therapy for non-oncologic conditions. The scientific program will showcase pioneering research across all major disease sites, along with specialized oral abstract sessions focused on physics and biology.

Late-breaking Abstract Placeholder (Shell)

Late-breaking abstracts are defined as original research with significant findings from randomized Phase II or III trials, for which **no preliminary data** are available by the standard abstract deadline of **February 24, 2026**. Trials in progress are not eligible to be submitted as late-breaking abstracts.

PLEASE NOTE THERE IS NO LONGER A SEPARATE SUBMISSION DEADLINE FOR LATE BREAKING ABSTRACTS. A SHELL MUST BE SUBMITTED AT THE TIME OF THE GENERAL DEADLINE

If selected, the **final abstract**—including results and conclusions—must be submitted by **July 10, 2026**.

Clinical Trials in Progress

ASTRO values Clinical Trials in Progress, which provides an opportunity for members of the research community to present ongoing trials, foster collaboration and discuss correlatives and novel trial designs. Trials in Progress will be considered **for poster presentation format ONLY** and are featured on a dedicated screen in the poster hall for greater visibility.

3. **Abstract Body:**
    - Abstracts must be properly formatted and organized into four sections identified by the following bolded headers**:** Purpose/Objectives, Materials/Methods, Results, and Conclusions.
    - Abstracts should include a scientific hypothesis in the Purpose/Objectives section, and implications for research, policy, or practice in the Conclusions section, when applicable.
    - The abstract cannot contain illustrations, images, or graphs. If the abstract is accepted, presenters may include these items in their on-site presentations.
    - An abstract may contain one small table.
    - The maximum character limit, including the title and body of the abstract and any text in a table, is 2,600 characters. Spaces are not counted.
    - **Institution names should not be included in the title or body of the abstract.** Alternative language is “at one institution” or “a multi-institution” study, etc. This does not apply to cooperative research group names.
4. **Abstract Authors:**
    - A maximum of 20 authors’ names may be listed on each abstract. There are no exceptions.
    - A Conflict of Interest Disclosure form must be submitted for each author. You can collect this information from the authors before you begin the submission using **this form**.
    - The principal investigator (PI) should be listed as the final author on the abstract.
    - There is no mechanism for listing co-lead authors, or co-PIs.
    - Each author must have made substantial contributions to:
        - conception and design, or analysis and interpretation of data, and

    - drafting the abstract or revising it critically for important intellectual content, and
    - final approval of the version to be submitted/published.
5. **Use of Brand Names and Trade Names:** Presentations must give a balanced view of therapeutic options. Brand names of pharmaceuticals and trade names of medical devices cannot be used in the title or body of the abstract. ASTRO reserves the right to replace proprietary names with generic names.
6. **Track**: Select the most appropriate track and subcategory for the abstract. Please note that the AM Scientific Committee Chairs have the authority to recategorize any abstract.
7. **Submission Fee:**
    - A $75 (USD) nonrefundable submission fee will be charged per abstract submitted. Payment is due at the time of submission. Payment must be rendered using a credit card.
    - First authors submitting abstracts from a designed low-income country as defined by The World Bank may request to waive the abstract submission fee. The countries included in the eligibility are:

AFGHANISTAN
BURKINA FASO
BURUNDI
CENTRAL AFRICAN REPUBLIC
CHAD
CONGO, DEM. REP.
ERITREA
ETHIOPIA
GAMBIA, THE
GUINEA-BISSAU
KOREA, DEM. PEOPLE'S REP.
LIBERIA
MADAGASCAR
MALAWI
MALI
MOZAMBIQUE
NIGER
RWANDA
SIERRA LEONE
SOMALIA
SOUTH SUDAN
SUDAN
SYRIAN ARAB REPUBLIC
TOGO
UGANDA
YEMEN, REP.

Late-breaking Abstracts

NEW for 2026!

The Late-breaking Abstract (LBA) submission process is changing to ensure we are highlighting the very top science at every stage of planning. Late-breaking abstracts are defined as original research with significant findings

from randomized Phase II or III trials, for which **no preliminary data** are available by the standard abstract deadline of **February 24, 2026**.

Late-breaking abstract shell submissions — placeholders for which no data are required — will be due on the regular submission deadline of February 24, 2026. No results or conclusions are required for shell abstracts. **Data, results, and conclusions for LBAs will be due no later than July 10, 2026.**

PLEASE NOTE THERE IS NO LONGER A SEPARATE SUBMISSION DEADLINE FOR LATE BREAKING ABSTRACTS. A SHELL MUST BE SUBMITTED AT THE TIME OF THE GENERAL DEADLINE.

To be considered, late-breaking abstracts must:

- Present **original, impactful, and timely research**.
- Have the potential to **influence clinical practice or future research**.

Submission Requirements:

- A **shell abstract** must be submitted by **February 24, 2026**, including:
  - Title
  - Background
  - Methods
- **Do not include** results, data, or conclusions in the shell submission.

If selected, the **final abstract**—including results and conclusions—must be submitted by **July 10, 2026**.

1. **The late-breaking abstract shell submissions open during the regular submission deadline, December 4, 2025, and closes 11:59 PM Pacific Time on February 24, 2026**.
2. A late-breaking abstract is an original research abstract containing important late-breaking research results that were not available prior to the standard abstract deadline of **February 24, 2026**. The research is limited to highly significant and timely findings and cannot be a revision of a regular abstract submission.
3. Trials in progress are not eligible to be submitted as late-breaking abstracts.
4. Retrospective reviews and large database studies (such as NCDB) should not be submitted for consideration as a late-breaking abstract.
5. Late-breaking abstracts must not have been submitted, presented, accepted for presentation or published in any other scientific venue.
6. A special panel of peer reviewers will review the late-breaking abstracts and the corresponding author will be notified of the abstract status by **Thursday, May 14, 2026.**
7. The **final abstract**—including results and conclusions—must be submitted by **July 10, 2026**.

Trials in Progress, Interim Analysis, and Database Studies

ASTRO Clinical Trials in Progress Submission Guidelines

ASTRO values Clinical Trials in Progress, which provides an opportunity for members of the research community to present ongoing trials, foster collaboration and discuss correlatives and novel trial designs. Trials in Progress will be considered **for poster presentation format ONLY** and are featured on a dedicated screen in the poster hall for greater visibility.

Eligibility

- All phases of clinical research (I–III), supportive care, and nonpharmacologic interventions are eligible.
- Trials must be **ongoing** and **not yet reached pre-specified endpoints** for analysis. As such, inclusion of results would be improper and is **strictly forbidden**.
- **Results or preliminary data must NOT be included**—this is strictly prohibited.
- 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). It is acceptable if the trial has not enrolled its first patient yet.
- Clinical trial registry number is required

Abstract Structure

Clinical Trials in Progress abstracts must include **two sections only**:

1. **Background**
    - Scientific rationale for the trial.
    - Previously published or presented preclinical/early-phase data (with references).
    - Correlative studies of interest.
    - **Do not present new preclinical or early-phase data.**
2. **Methods**
    - Trial design and statistical methods (highlight novel aspects).
    - Planned treatment or intervention.
    - Major eligibility criteria (highlight unusual aspects).
    - Current enrollment status (without results or endpoints).
    - Clinical trial registry number (required).

Enrollment must have begun or be completed with no data analysis available by the submission deadline.

Not Allowed

- Any preliminary results or data analysis
- Proprietary drug names or manufacturer names (generic names required)
- Pricing, fees, or reimbursement details.

Interim Analysis

- In general, ASTRO does not accept abstracts reporting an interim analysis that is intended to evaluate experimental treatment regimen(s) with respect to efficacy or safety at any time prior to formal completion of a trial.
- Abstracts reporting trial process updates, such as accrual, baseline characteristics, and non-protocol specific safety information, will be considered for posters only for promotional purposes.

Database Studies

1. Retrospective registry databases, such as the National Cancer Database (NCDB), Surveillance, Epidemiology and End Results (SEER), etc., are valuable resources for patterns of care assessment, and may generate important evidence for comparative effectiveness research.
2. For comparative effectiveness reports, prioritization will be given to those when the level 1 evidence from randomized trials is obsolete or difficult to obtain. Abstracts should include brief descriptions on statistical methods and justifications, such as the choice of statistical significance level, effect size, methods for confounding adjustment, etc., to facilitate proper interpretations.

Requests for Changes and Corrections

To maintain the integrity of the ASTRO abstract review and publication process, **no updates to data will be accepted after the submission deadline**.

Authors are strongly encouraged to **carefully proof all components of their abstract prior to submission**, including formatting, spelling, author affiliations, author order, and the presenting author designation. Please also review your confirmation email, as **your abstract will be published exactly as submitted**. Revisions of any kind may be made until the submission deadline: **Tuesday, February 24, 2026**.

Post-Submission and Post-Acceptance Changes

In accordance with ASTRO policy, **only minor editorial corrections** are permitted after an abstract has been accepted. Revisions to the **data, content, structure, results, or conclusions** of an abstract after the submission deadline are considered substantive and **cannot be accommodated**. Additionally, **new authors may not be added after the submission deadline**, as all disclosure acknowledgment statements must be completed at the time of abstract submission.

Requests for Minor Corrections

Requests to correct minor typographical or clerical errors after the submission deadline will be considered on a limited basis and **must be submitted by the presenting author** to **annualmeeting@astro.org** no later than **June 28, 2026**. Requests submitted by coauthors, industry representatives, or medical communication firms will not be accepted.

Final Deadline for Changes

Any correction requests received **after June 28, 2026**, cannot be incorporated and will **NOT** be reflected in the official meeting proceedings.

Withdrawals

Requests to withdraw an abstract from publication will be accepted until **June 28, 2026**. Withdrawal requests received after this date cannot be accommodated and will not be reflected in the official meeting proceedings.

All withdrawal requests **must be submitted by the presenting author** via email to **annualmeeting@astro.org**. Requests from coauthors, industry representatives, or third-party organizations will not be accepted.

Important Deadlines

1. **Abstracts must be received by 11:59 p.m. Pacific time, Tuesday, February 24, 2026**. Abstracts may be edited up until the deadline. Abstracts will be considered ineligible for review if they are incomplete.

Abstracts that are unpaid or have payment issues will not be considered. If you do not receive a confirmation receipt, follow up with ASTRO to confirm your "complete" status.

2. **Notifications: The person listed as Presenting Author will be notified via email of the disposition of the abstract by Thursday, May 14, 2026.** Abstract acceptance obligates the author to present the paper at the in-person meeting and pay the meeting registration fee. If circumstances prevent in-person meeting attendance, you must notify ASTRO and arrange for a co-author to present the abstract on your behalf.
3. Please proof your abstract carefully for formatting, spelling, and data errors. Pay special attention to the author order and presenting author designation. Review your confirmation email, as this is how the abstract will be published. **You can make updates to your abstract until the submission deadline, Tuesday, February 24, 2026.**
4. **After the submission deadline, *ONLY* minor errors can be corrected if sent to ASTRO by June 28, 2026**. After this date, we cannot make any corrections. This rule is strictly enforced. Please note: Revisions should not be substantive and should not alter the results or the conclusions of the abstract. Revisions are meant only to correct errors that were made in the initial submission.
5. **Withdrawals: If you choose to withdraw your abstract, please change your decision to "withdraw" in the Speaker Center by June 28, 2026**. After this date, your abstract will be published exactly as it was submitted in the International Journal of Radiation Oncology • Biology • Physics (Red Journal).
6. Submission of an abstract conveys permission to be posted online and printed in the *International Journal of Radiation Oncology • Biology • Physics* (Red Journal).
7. **Late-breaking Abstracts: The late-breaking abstract shell submissions open during the regular submission deadline, December 4, 2025, and close 11:59 PM Pacific Time on February 24, 2026. Later submission may have a negative impact on placement in the program. If selected, the final abstract—including results and conclusions—must be submitted by July 10, 2026.**

Presentation Formats

Plenary Session
Three to five top-rated abstracts are accepted for the Plenary Session and will be offered in an unopposed general assembly. Several of these are usually Late-breaking abstracts. The Plenary Session includes didactic presentations highlighting abstracts of scientific significance deemed to have the highest merit and greatest impact on radiation oncology research and practice. Experts in the field will serve as discussants to place research findings into perspective.

Clinical Trials Session
Up to nine abstracts are accepted for the Clinical Trials Session that will be offered in an unopposed general assembly. Research submitted from significant clinical trials and trials in progress may be selected for this special session. Abstracts reporting trial process updates, such as accrual, baseline characteristics, and non-protocol specific safety information, will not be considered for the Clinical Trials Session but instead be considered for Posters only for informational purposes. Previously presented results may be considered if they are deemed relevant by the program planning committee.

Oral Scientific Sessions
Oral abstract sessions provide pedagogic presentations of scientific research. Typically, approximately 360 accepted abstracts are scheduled in 60- and 75-minute sessions. Each presenter is given seven minutes to present his or her paper immediately followed by a three-minute question and answer period. Oral presentations are grouped together by track. Experts in the field (discussants) are chosen to provide comprehensive themed discussions of the findings from selected abstracts in a session.

Quick Pitch Sessions
Quick pitch sessions are 60 minutes long, including more fast-paced presentation of scientific research, allowing extra time for discussion. Each presenter is given 5-minutes to present his or her paper. Twenty minutes of Q&A follows these presentations, moderated by a Discussant. Oral presentations are grouped together by track. Experts in the field (discussants) are chosen to provide comprehensive themed discussions of the findings from selected abstracts in a session.

Poster Q&A Sessions
Back by popular demand, all poster viewing presentations will be displayed as electronic posters! Posters will be presented on large; touchscreen monitors and every poster presenter will be assigned a time to present their poster to an audience. Posters are uploaded with our vendor, MultiLearning, and technical help is provided. Digital posters utilize multimedia to present scientific studies in an engaging way. Poster presenters will have 5-minutes to present their work, followed by 3-minutes for Q&A.

Tracks and Subcategories

There are 22 tracks separated by disease site. Abstracts should be submitted in the most appropriate track. Please note that abstracts may be recategorized by the Track Chairs as deemed appropriate.

To build on the conference theme, **Data to Dialogue: Communicating Radiotherapy's Value to Advance Care**we are seeking abstracts that fit within the 22 tracks and also soliciting abstracts that may cover these areas of interest:

- Community Partnerships and Engagement: Clinical trials (Inclusive enrollment, diversification, accruals, visibility, community outreach)
- Patient-centered Technologies
- Supportive Care Models
- Engaging Patients, Patient Advocates, Caregivers through Shared Decision Making
- Patient-centered Clinical Trial Design (design, staffing, communication, coordination, access, navigating CT system)

Abstract Tracks and Subcategories can be viewed at https://www.astro.org/meetings-and-education/micro-sites/2026/annual-meeting/learn/scientific-program/abstracts

Abstract Awards

Abstract authors can apply for an abstract award during the abstract submission. The deadline to submit an award application is the same as the abstract submission deadline: **February 24, 2026**.

- Please see "award criteria" when submitting an online abstract for details of each award. *Please note: The author or senior author must be an ASTRO member*.
- If selected, the award winner must present the abstract at the Annual Meeting.
- Attendance at the meeting is required to obtain the award and honorarium.
- Please be sure to indicate "resident" or "nurse" in order to be eligible for those awards.
- Notifications will be emailed to award winners only, specifically the first author, by early May 2025.

Steven A. Leibel Memorial Award
Steven A. Leibel, MD, was a former member of the American Board of Radiology (ABR) Board of Trustees and a Past President of the ABR, as well as ASTRO. Following his passing, a Memorial Fund was established in his memory. For this award, the ABR Foundation will provide up to two award winners with $2,000 each at the ASTRO Annual Meeting. Winners will be selected by ASTRO leadership and will be selected only from the abstracts

designated as Plenary or Clinical Trials presentations. The award winner must be the principal author, ABR board certified or board-eligible, and have completed training in radiation oncology or medical physics ideally within the last10 years prior to the presentation.

Resident Clinical/Basic Science Research Abstract Awards
This award is designed to promote clinical research by young scientists. The award is granted to the top three resident authors of significant abstracts in biology, clinical practice and physics. The award includes a $1,500 honorarium, a trophy of recognition and complimentary registration to the Annual Meeting.

Basic/Translational Science Abstract Awards
This award is designed to encourage participation by basic and translational scientists. Up to 12 awards will be given to applicants having the top-rated abstracts in biology, clinical practice and physics categories — four awards in each category. The award includes a $1,000 honorarium, certificate of recognition and complimentary registration to the Annual Meeting.

Nurses' Abstract Award
This award is designed to promote clinical research among radiation oncology nurses. Up to two awards of $1,000 will be presented to the highest rated abstracts with a nursing designation. A certificate of recognition and complimentary registration to the Annual Meeting is included. The candidate must be a first or co-author of an accepted abstract.

International Abstract Award
This grant is designed to foster continuing medical education, assist in career development and help to establish relationships with leading ASTRO members who may serve as scientific mentors to the recipient. One award of $4,000 will be used to support a radiation oncologist in a developing country to attend the ASTRO Annual Meeting and to spend additional time at a comprehensive cancer center within the United States. Complimentary registration to the Annual Meeting is included.

Annual Meeting Travel Awards
To recognize outstanding abstracts submitted by early career scientists, biologists and physicists, up to 15 awards of $1,000 each will be provided to help offset travel expenses to the meeting. Complimentary registration to the Annual Meeting is included. Applications must be submitted during the abstract submission process.

Annual Meeting Resident Recognition Awards

- **Resident Quick Pitch Oral Abstract Recognition Award:** This award will recognize the highest-rated abstracts submitted by a resident and accepted as an oral presentation in the Quick Pitch scientific sessions. Winners will receive a trophy. The award is granted to one resident author of a significant abstract in each category: biology, clinical practice, and physics.
- **Resident Poster Viewing Recognition Award:** This award will recognize the highest-rated abstracts submitted by residents and accepted as a digital poster. Winners will receive a trophy. Up to nine trophies will be awarded. The award is granted to the top three resident authors of significant abstracts in each category: biology, clinical practice, and physics.

By submitting an abstract, the submitter acknowledges and agrees to the provisions above.