

2027 Multidisciplinary Radiopharmaceutical Therapy Symposium Abstract Guidelines

Meeting Dates: March 18-19, 2027

Deadline to Submit: Wednesday, October 14, 2026; 11:59 p.m. Pacific Time

Notification of acceptance or decline: mid-November

Sent to PRESENTING AUTHOR (not submitter)

2027 RPT Abstract Important Dates

Please mark your calendars for the key abstract deadlines below:

- **Abstract Submission Site Opens:** July 31, 2026
- **Abstract Submission Site Closes:** October 14, 2026, at 11:59 PM (PT)
- **Abstract Notification Sent to Presenting Author:** mid-November
- **Abstract Withdrawal Deadline:** January 4, 2027
- **Regular Abstracts Released in the Red Journal Annual Meeting Proceedings:** Thursday, March 18, 2027, at 8:00 a.m. Eastern Time

Abstract Scoring Criteria

Abstracts will be scored by anonymous peer review based on the following 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?
- Are the findings either promising enough to pursue or negative enough that presentation would prevent other investigators from wasting efforts?

Specific questions for program model or project description abstracts:

- What is the primary goal of the program, service, or project?
- Are you sharing an implementation or evaluating an existing initiative?
- What were the specific objectives or intended outcomes?
- Who was the target audience or population?
- What key activities or strategies were used?

- What methodology or tools did you apply to implement or evaluate the program?
- What results or outcomes were observed?
- Were your objectives met? How was success measured?
- What challenges did you face, and how were they addressed?
- What recommendations or insights can others take from your experience?

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 commercial interests. A commercial interest is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. The financial relationships of spouse/partners are considered relevant financial relationships of the presenter. (Employment of spouse/partner is not considered employment by the presenter; however, it will be considered a relevant financial relationship.)

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 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 committee review, session audits, and in some cases advance slide review.

Abstract Submissions

SUBMISSION DEADLINE: Wednesday, October 14, 2026, at 11:59 p.m. Pacific Time

FEE: \$75 per submission (non-refundable)

SUBMISSION TOPICS

Abstracts should be submitted in the most appropriate category. A list of submission categories is listed below and in the online submission site. Planning committees have the right to re-categorize any abstract as deemed appropriate. If your abstract is a trial in progress, please indicate this on the abstract submission site.

Submission Categories by Format:

Research	Clinical Trials in Progress	Program Model/Best Practices
Dosimetry	Clinical Trial Design	Care Delivery Models
Molecular Imaging/ Patient Selection		Training and Implementation Procedures and Workflows

Theranostic Applications in Neuroendocrine Tumors		Multidisciplinary Care Management/Theranostic Tumor Boards
Novel Targeted Alpha Therapies (TATs)		Community/Nonacademic Care Program Design
RPT for Metastatic Prostate Cancer		Access to Care Models
RPT for Non-prostate and Non-neuroendocrine cancers		Program Case Studies/Reports
Standard of Care Clinical Trials with Data/Outcomes		Reimbursement/Billing Strategies
Combination Therapies		Regulatory and Access Strategies
Novel Treatment Delivery Strategies		

Trials in Progress Guidelines

Trials in Progress provide 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 digital poster only.

- 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.
- 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 (required)

GENERAL INFORMATION

1. Sponsorship or membership with one of the co-sponsoring organizations is not required to submit an abstract.
2. Abstracts must be received by 11:59 p.m. Pacific Time on **Wednesday, October 14, 2026**. Please be sure to click “submit” before 11:59 p.m. Pacific time, as the abstract may not fully transfer and you risk being ineligible by having an “incomplete” status. Abstracts received after the deadline will not be accepted and incomplete abstracts will be considered ineligible for review.

3. Abstracts must be submitted online through the abstract submission site. No faxed copies, discs, thumb drives or email submissions will be accepted.
4. An abstract may only be submitted to the 2027 Multidisciplinary Radiopharmaceutical Therapy Symposium once. Duplicate abstracts (reporting the same data) that are submitted under a different title or author will not be considered.
5. Summaries of new, ongoing and updated research in the areas of head and neck oncology are acceptable for submission and presentation. We currently accept trials in progress (but not as late-breaking abstracts); they may be accepted for digital poster or oral presentation depending on the preference of the planning committees, though they typically are not accepted for oral presentation.
6. Abstracts may be submitted from commercial entities (those producing, marketing, re-selling or distributing health care goods or services consumed by, or used on, patients) reporting on the discovery of their scientific research. Such presentations will be subject to a rigorous peer review process to ensure the validity of the research review process, results and conclusions. In addition, abstract content is subject to editing after review so that it is not biased towards any proprietary or commercial interests.

The planning committees will exercise all rights in ensuring that abstracts reporting the discovery of scientific research remain in compliance with [ACCME standards](#) for offering CME. If accepted, the abstract must be presented by an author with no relevant financial relationship or any commercial interest.

7. Submission of an abstract conveys permission for the full text to be published in the *International Journal of Radiation Oncology • Biology • Physics* (Red Journal) as well as the meeting website/online conference planner/mobile app/virtual poster library.
8. **NOTIFICATIONS:** You will be notified via email of the disposition of your abstract by **late November 2026**. Acceptance of the abstract by the committees obligates the author to register and attend the meeting. If circumstances prevent attendance, you must notify ASTRO and arrange for a co-author to present on your behalf.
9. **REVISIONS:** To maintain the integrity of the ASTRO abstract review and publication process, no updates to abstract data will be accepted after the submission deadline of **October 14, 2026**. Authors should carefully review all aspects of their submission—including formatting, spelling, author affiliations, author order, presenter designation, and confirmation email details—as abstracts will be published exactly as submitted. While revisions may be made until the submission deadline, only minor typographical or clerical corrections will be considered after acceptance. Substantive changes to data, content, structure, results, conclusions, or authorship are not permitted after the deadline, and no new authors may be added. Requests for minor corrections must be submitted by the presenting author to education@astro.org by **Monday, January 4, 2027**; requests from coauthors, industry representatives, or medical communication firms will not be accepted. Any correction requests received after **January 4, 2027**, cannot be incorporated into the official meeting proceedings.
10. **WITHDRAWALS:** If you wish to withdraw your abstract from publication, you must submit your request by **Monday, January 4, 2027**, by emailing education@astro.org. All withdrawal requests must be submitted by the presenting author; requests from coauthors, industry representatives, or third-party organizations will not be accepted. Withdrawal requests received after **January 4, 2027**,

cannot be accommodated and will not be reflected in the official meeting proceedings. Presenters who withdraw should notify ASTRO as soon as possible. Failure to notify ASTRO staff of a withdrawal and failure to present an accepted oral abstract and/or digital poster at the meeting may result in automatic rejection from future ASTRO symposia, as determined by future planning committees.

AUTHORS, PRESENTERS, AND CONFLICT OF INTEREST (COI) POLICIES

1. An individual may submit more than one abstract in which he or she is indicated as the first author, but he or she may only present one oral presentation. If more than one abstract is selected for oral presentation, an alternate presenter must be assigned, preferably a co-author (this does not apply to poster presentations).
2. It is the submitter's responsibility 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 commercial interests for the presenting author and all co-authors must be disclosed at the time of submission.
3. A commercial interest is defined as any entity developing, producing, marketing, re-selling or distributing 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.
4. The presenting author of an abstract must NOT have a relevant/specific ownership interest (owner, founder, partner, etc.) in the scientific content in the abstract. If a conflict of interest exists, the abstract must be submitted and presented by a co-author with no relevant ownership interests.
5. If the presenting author is employed by a commercial interest, as defined above, an alternate presenter must be named. This applies only to abstracts presented in sessions selected to receive CME (oral presentations).
6. All oral, research feature, and digital poster presenters are required to register and attend the meeting. Presenters who fail to arrange for an alternate presenter or fail to notify ASTRO staff of withdrawal and subsequently do not present at the meeting and/or upload their digital poster(s) may face automatic rejection from future symposia as determined by future planning committees.
7. The presenting author will receive all notifications and communications related to the accepted abstract(s) and is responsible for informing all co-authors of acceptance and COI policies.
8. ASTRO has developed a policy to handle any violations to the disclosure policy. Any reported violations will be researched and handled according to policy, which can include removal from presenting at future conferences.
9. All oral abstract presenters must abide by the following expectations:
 - a. You are required to disclose before your talk. Presenters are required to disclose the following, if applicable, to the audience at the beginning of your presentation and in accordance with ACCME standards and Food and Drug Administration requirements:
 - i. The existence of any financial or other relationship you have with the manufacturer(s) or any commercial product(s) or provider(s) of any commercial services discussed in an educational presentation.

- ii. Any vested interest or intention to discuss off-label use of pharmaceuticals or devices.
- b. Presentations must be objective and free of commercial bias for or against any product or device. Slides and/or reference materials shall not, by their content or format, advance the specific proprietary interests of a commercial entity.
- c. All clinical recommendations must be based on evidence that is accepted within the profession as adequate justification for their indications and contraindications in the care of patients. All scientific research referred to, reported or used to support or justify a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis.
- d. Presentations must give a balanced view of therapeutic options. Use of generic names will contribute to this impartiality. If trade names are used, those of several companies should be used rather than only that of a single supporting company.
- e. Presentations must offer a balanced view of current medical practice that includes discussion of all available therapeutic products, including benefits and risks associated with each.
- f. Presentation materials must not include any commercial logos.
- g. Presentations must be HIPAA compliant (e.g., will only use de-identified patient information and/or will obtain written consent from the patient).

PRESENTATION AT OTHER MEETINGS

1. Abstracts should contain new material that will not have been presented or published prior to the 2027 Multidisciplinary Radiopharmaceutical Therapy Symposium (exceptions noted below). If an abstract reporting the same data has been submitted for consideration at another meeting or for publication and you have not received notification of its acceptance at the time of your abstract submission, you will be required to disclose the information during the abstract submission process. Previously presented or published works will not be considered for plenary presentation.
2. An exception applies to abstracts submitted or presented at AHNS, ASCO, ASTRO, or SITC sponsored or co-sponsored meetings. Abstracts submitted to prior AHNS, ASCO, ASTRO, or SITC meetings, including annual conferences, will be considered for acceptance but are encouraged to contain new or updated material.
3. Abstract presenters with papers accepted for presentation at another major medical meeting (including annual meetings of national and international societies with attendance of **more than 3,000 participants**) or accepted for publication after **October 14, 2026**, are required to notify ASTRO of the change in status by email to **education@astro.org**. Presentation at meetings with **fewer than 3,000 attendees is permissible and does not require notification to ASTRO**. The planning committees will review abstracts presented at meetings exceeding the 3,000-attendee threshold or accepted for publication and will determine on a case-by-case basis whether they may remain in the program.

PROPER FORMATTING

1. Presentations must give a balanced view of therapeutic options. Brand names of pharmaceuticals and trade names of medical devices should not be used in the title or body of the abstract. Use of

generic names will contribute to impartiality. Planning committees have the right to replace proprietary names with generic names.

2. Institution names should not be included in the title or body of the abstract in order to keep the review process blind, fair and objective. Alternative language includes “at one institution,” “a multi-institution study,” etc. This does not apply to cooperative research group names.
3. Abstracts cannot contain illustrations, images or graphs. For abstracts that are accepted, presenters may include these items in their on-site presentations.
4. An abstract may contain one small table.
5. The title of the abstract should not contain results.
6. The maximum character limit, including the abstract title and body, is 2,600. Spaces are not counted.
7. A maximum of 20 author names may be listed on each abstract; there are no exceptions. Authorship credit should only be given if all three of the following criteria are met:

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.

TRAVEL AWARDS

Two awards will be granted to recognize outstanding abstracts submitted by early career authors. More information about the award and the award application will be available on the actual abstract submission site. Complimentary registration to the symposium is included in the award.

EMBARGO POLICY

All abstracts to be presented at the 2027 Multidisciplinary Radiopharmaceutical Therapy Symposium are embargoed until 8:00 a.m. Eastern time, Thursday, March 18, 2027. 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 2027 Multidisciplinary Radiopharmaceutical Therapy Symposium as well as future meetings and may also impact the ability to receive advance media materials for future meetings. Embargo violations by abstract authors and/or sponsors may result in 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 press@astro.org.

PRESS PROGRAM POLICY

All abstracts accepted for presentation at the 2027 Multidisciplinary Radiopharmaceutical Therapy Symposium may be highlighted in the symposium Press Program. All submitters agree to cooperate in the publicity of their study. For questions regarding the press policy, please contact ASTRO’s media relations team at press@astro.org.

Digital Posters

Authors of abstracts accepted as digital posters will be required to upload their poster in advance of the meeting. All formatting requirements are pre-set, so it's easy to cut and paste your information into the template. With this format, presenters may also include audio, video, and other graphics.

There will be a \$55 fee per poster for digital upload, payable at the time of upload. The fee has been set at a price that is substantially lower than traditional paper printing, and we are confident that this new format will provide greater visibility of every poster than the previous paper format. Attendees will be able to access digital posters in an online virtual library both on-site and after the conclusion of the symposium.