

2018 ABSTRACT GUIDELINES

Abstract Scoring Criteria

Abstracts will be scored by blind 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?
- Has the research been accepted for presentation at another medical meeting?

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?
- Is there a rationale, either clinical or laboratory, underlying the study design?
- Is it either promising enough to pursue or negative enough (for a rational therapy) that presentation would prevent other investigators from wasting efforts?

Specific questions for retrospective reviews:

- Is the group of patients reasonably homogeneous?
- Have attempts been made to account for biases inherent in retrospective reviews?

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 defined as “any entity developing, producing, marketing, re-selling or distributing healthcare 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 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.

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Abstract Submissions

SUBMISSION DEADLINE: WEDNESDAY, AUGUST 30, 2017 at 11:59 p.m. Pacific Time
FEE: \$60 per submission (non-refundable)

Submission Topics

Abstract submissions should be submitted in the most appropriate category. A list of submission categories is listed below and in the online submission module. Please note that the symposium leadership has the authority to re-categorize any abstract as deemed appropriate.

2018 Abstract Topic Categories:

- Definitive Management of Head and Neck Squamous Cell Carcinoma
- Management of Recurrent Head and Neck Squamous Cell Carcinoma
- Molecular Biology and Therapeutics
- Immunology and Immunotherapy
- Toxicity, Quality of Life, Survivorship
- Non-squamous Cell Malignancies of the Head and Neck (thyroid, sarcomas, skin cancers, salivary gland and sinus cancers)
- Epidemiology and Prevention
- Imaging, Physics, Pathology

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, Wednesday, August 30, 2017.** Please be sure to click “submit” before 11:59 p.m., 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 2018 Multidisciplinary Head and Neck Cancers Symposium once. Duplicate abstracts (reporting the same data) that are submitted under a different 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.
6. **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. If the session material or content includes trade names, where available trade names from several companies should be used, not just trade names from a single company. For example, if it is appropriate to do so, use the term “radiosurgery” instead of listing a specific machine name. **Planning**

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committees have the right to change the abstract if they feel that the use of a trade name may be mistaken for commercial propaganda and may replace proprietary names with generic names.

7. Abstracts may be submitted from any entity 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 change after review and evaluation so that it is not biased towards any proprietary or commercial interests.

Abstracts containing reports on the discovery of scientific research will be evaluated on the following criteria:

- The content does not contain patient care recommendations.
- The content is at the level of biology, physiology or physics and far from a discussion of products that are prescribed to patients.
- The content is about the discovery process itself and not about treatment or diagnostics.
- The content covers research results so early in the discovery process that there is no product developed yet.
- The target learners are scientists who are also participating in the discovery process.

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 a co-author with no relevant financial relationship or any commercial interest.

8. It is the responsibility of the submitting author to obtain disclosure information from all co-authors and to report this information electronically during the abstract submission process.
9. Submission of an abstract conveys permission to be published in the *International Journal of Radiation Oncology • Biology • Physics (Red Journal)*.
10. **REVISIONS:** Please proof your abstract carefully for formatting, spelling and data errors. Pay special attention to the author order and presenting author designation. Errors can be corrected if emailed to Natalie Cain at natalie.cain@astro.org by **Friday, November 17, 2017**. After this date, we cannot make any corrections.
11. **NOTIFICATIONS:** You will be notified via email of the disposition of your abstract by late October, 2017. **Acceptance of the abstract by the committees obligates the author to present the abstract (oral/poster) and pay the meeting registration fee. If circumstances prevent attendance, you must notify ASTRO and arrange for an alternate presenter, preferably a co-author.**
12. **WITHDRAWALS:** If you choose to withdraw your abstract, email your request by **Friday, November 17, 2017** to Natalie Cain at natalie.cain@astro.org. After November 20, your abstract will be published as it was submitted in a supplement of the *International Journal of Radiation Oncology • Biology • Physics (Red Journal)*. Presenters who fail to notify ASTRO staff of withdrawal and do not present their oral abstract(s) and/or poster(s) at the meeting may face automatic rejection from future ASTRO symposia as determined by future planning committees.

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Online abstract submission information as well as oral and poster presentation guidelines are also available at www.headandnecksymposium.org. Questions regarding the submission process and guidelines should be directed to Natalie Cain at natalie.cain@astro.org.

First Author

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 paper posters presented in the Exhibit Hall.
2. Author disclosure of potential conflicts with a commercial interest, for the first author and all co-authors, must be disclosed at the time of submission. (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.
3. The submitting/presenting author of an abstract must NOT have a financial interest 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 financial relationship or any commercial interest.
4. If the first author, or presenting author, is employed by a commercial interest, as defined above, an alternate presenter must be named if the abstract is selected for oral presentation.
5. **All oral abstract and 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 do not present their oral abstract(s) and/or poster(s) at the meeting may face automatic rejection from future ASTRO symposia as determined by future planning committees.
6. The presenting author (who may or may not be the first author) will receive all notifications and communications related to the accepted abstract(s), and is responsible for keeping all co-authors informed.

Presentation at Other Meetings

1. **Abstracts should contain new material that will not have been presented or published prior to the 2018 Multidisciplinary Head and Neck Cancers Symposium, February 15-17, 2018 (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.

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2. An exception applies to abstracts submitted or presented at AHNS, ASCO or ASTRO sponsored or co-sponsored meetings. **Abstracts submitted to prior AHNS, ASCO or ASTRO 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* or accepted for publication after August 30, 2017, are required to notify ASTRO of the change in status by email to Natalie Cain at natalie.cain@astro.org by Friday, November 17, 2017.** ASTRO will not consider previously presented or published works for plenary presentation.

*Major medical meetings include annual meetings of national and international societies with attendance of more than 3,000 participants.

Proper Formatting

1. Abstracts must be properly formatted and organized into four sections, identified by the following bolded headers: **Purpose/Objectives, Materials/Methods, Results and Conclusion.**
2. Abstracts should include a scientific hypothesis in the Purpose/Objectives section, and implications for research, policy or practice in the Conclusions section, when applicable.
3. Describe each section in enough detail so the planning committees can evaluate abstract quality/completeness.
4. **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 is “at one institution,” or “a multi-institution” study, etc. This does not apply to cooperative research group names such as RTOG, SWOG, ECOG, etc.**
5. Abstracts cannot contain illustrations, images or graphs. For abstracts that are accepted, presenters may include these items in their on-site presentations.
6. An abstract may contain one small table.
7. The maximum character limit, including the abstract title and body, is 2,500. Spaces are not counted.
8. 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.

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Travel Awards

A limited number of 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 accepted for presentation at the 2018 Multidisciplinary Head and Neck Cancers Symposium are embargoed until the opening ceremony of the symposium, unless otherwise noted by ASTRO. The first author is responsible for conveying this information to all co-authors. For questions regarding the embargo policy, please contact ASTRO's media relations team at press@astro.org.

Press Program Policy

All abstracts accepted for presentation at the 2018 Multidisciplinary Head and Neck Cancers 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.

Late-breaking Abstracts

1. The late-breaking abstract submission site will open in early November, 2017.
2. **All late-breaking abstracts must be submitted by Wednesday, December 6, 2017 at 11:59 p.m. Pacific time.**
3. An abstract may be submitted as a late-breaking abstract if the abstract is an original abstract containing important late-breaking research results that were not available prior to the regular abstract submission deadline of August 30, 2017.
 - a. The research should be limited to important new developments, from Phase II and Phase III clinical research trials that will have an impact on practice or research, or include data not available prior to the regular September 9 submission deadline.
 - b. Submissions that are an update from the regular August 30 submission deadline will not be considered for presentation.
4. Only abstracts that are deemed to be of high scientific priority and that merit presentation will be accepted.
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 early January, 2018.

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