2020 ASCO®
ANNUAL MEETING

May 29 – June 2, 2020
McCormick Place | Chicago, Illinois

CALL FOR ABSTRACTS

ABSTRACT SUBMISSION DEADLINE
February 11, 2020 at 11:59 PM (EST)
KEY DATES

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<td>Abstract Submission Opens</td>
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<td>FEBRUARY 11, 2020</td>
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<td>Late-Breaking Submission Deadline (Shell Submission Required By February 11)</td>
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“For us to realize our vision of conquering cancer, we must be united against the disease and bridge the differences of the various stakeholders with a set of common goals and ideas. By working together, we can solve the most pressing, systemic challenges that impede patient access to high-quality cancer care. Join me in Chicago for an opportunity to work together for better outcomes.”

- Howard A. “Skip” Burris, MD, FACP, a 2019-2020 ASCO President

2019:

Over 2,000 abstracts were submitted reporting on clinical trials
Of those, more than half were phase II and III trials

Over 500 submissions on clinical trials in progress

First authors from more than 30 countries

Over 4,000 abstracts were submitted reporting on biomarkers, health services research, preclinical models, quality of life, cost analysis, meta-analyses, and tumor markers studies

“Consistent with Dr. Skip Burris’ presidential theme, we are seeking practice-changing and clinically-relevant abstracts for presentation at ASCO 2020. Attendees have come to expect this—and much more—from the ASCO Annual Meeting. In keeping with Dr. Burris’ vision, we are also interested in abstracts that go beyond traditional clinical topics to engage all oncology stakeholders, biologic correlates helping to guide drug development, clinical trial design and regulatory policy, novel care models or research initiatives. We plan to assemble a Scientific Program for ASCO 2020 that will catalyze novel collaborations and synergistic partnerships to make new strides to overcome cancer.”

- Melissa Johnson, MD
Scientific Program Committee Chair
SUBMIT YOUR RESEARCH TO #ASCO20

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.
- Data from the long-term follow-up of previously presented clinical trials may be submitted only if significant new information can be shown.
- 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.
- 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.

NEW THIS YEAR:

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.

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 2 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 meetings.asco.org/am/abstracts 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

**Cancer Prevention, Risk Reduction, and Genetics**
- Cancer Genetics
- Cancer Prevention
- Epidemiology
- Genetic Testing
- Prevention of Secondary Malignancies

**Care Delivery and Regulatory Policy**
- Care Delivery/Models of Care
- Clinical Informatics/Advanced Algorithms
- Clinical Trial Design
- Digital Technology/Therapeutics
- Health Policy
- Practice Management
- Telemedicine

**Central Nervous System Tumors**
- Biologic Correlates
- Brain Metastases
- Central Nervous System Tumors

**Developmental Therapeutics—Immunotherapy**
- Antibodies
- Cellular Immunotherapy
- Circulating Biomarkers
- Conduct of Clinical Research
- Immune Checkpoint Inhibitors
- Immunobiology
- Inflammatory Signatures
- New Targets and New Technologies (IO)
- Other IO-Related Topics
- Tissue-Based Biomarkers
- Vaccines

**Developmental Therapeutics—Molecularly Targeted Agents and Tumor Biology**
- Cancer Angiogenesis and Metastases
- Chemotherapy
- Circulating Biomarkers
- Conduct of Clinical Research
- Immunoconjugates (Non-IO)
- Molecular Diagnostics and Imaging
- New Targets and New Technologies (Non-IO)
- Other
- Pharmacology
- Small Molecules
- Tissue-Based Biomarkers

**Gastrointestinal Cancer—Colorectal and Anal**
- Advanced Disease
- Anal Cancer
- Biologic Correlates
- Local-Regional
- Other

**Gastrointestinal Cancer—Gastroesophageal, Pancreatic, and Hepatobiliary**
- Biologic Correlates
- Esophageal or Gastric Cancer
- Hepatobiliary Cancer
- Neuroendocrine/Carcinoid
- Other GI Cancer
- Pancreatic Cancer
- Small Bowel Cancer

**Genitourinary Cancer—Kidney and Bladder**
- Biologic Correlates
- Bladder Cancer
- Kidney Cancer
- Other GU Cancer

**Genitourinary Cancer—Prostate, Testicular, and Penile**
- Biologic Correlates
- Germ Cell/Testicular Cancer
- Penile Cancer
- Prostate Cancer - Advanced Disease
- 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
Disparities/Access to Care
Outcomes
Quality of Care/Quality Improvement
Real-World Data
Value/Cost of Care

Hematologic Malignancies—Leukemia, Myelodysplastic Syndromes, and Allo transplant
Acute Leukemia
Allogenic Stem Cell Transplantation
Chronic Leukemia—CML and Hairy Cell
Myelodysplastic Syndromes (MDS)
Myeloproliferative Syndromes (MPD)
Other

Hematologic Malignancies—Lymphoma and Chronic Lymphocytic Leukemia
Autologous Stem Cell Transplantation for NHL, HD, or CLL
Chronic Lymphocytic Leukemia (CLL)
Hodgkin Lymphoma
Non-Hodgkin Lymphoma
Other

Hematologic Malignancies—Plasma Cell Dyscrasia
Autologous Stem Cell Transplantation for Multiple Myeloma or 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

Professional Development and Education Advances
Clinician Burnout
Education Research
Resiliency
Social Media Research
Trials in Progress
Workplace Disparities/Issues

Sarcoma
Bone Tumors
Emerging Tumor Biology
Gastrointestinal Stromal Tumors (GIST)
Molecular Targets/Biomarkers
Soft Tissue

Symptoms and Survivorship
End-of-Life Care
Geriatric Oncology
Health Promotion
Late and Long-Term Effects
Palliative Care and Symptom Management
Psychosocial and Communication Research
The ASCO late-breaking data policy allows for the submission of late-breaking data only for:

- randomized phase II and III trials for which no preliminary data are available at the time of the abstract submission deadline (February 11, 2020);

OR

- original research studies that highlight novel and high-impact research with practice-changing implications

The initial abstract must be submitted by the February 11 deadline in a placeholder (shell) abstract submission. 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 12 deadline may be granted an extension to submit; however, the initial trial information MUST be submitted by the February 11 deadline. Contact abstracts@asco.org with questions.
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 correlates 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
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.
• 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 2,000 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 (see “Submission Categories” below). 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.
When submitting an abstract to the ASCO Annual Meeting, the first author must comply with the following submission policies. The first author is responsible for communicating policies to all involved parties.

Trials in Progress (TPS) abstracts are excluded from these policies.

**Abstract Conflict of Interest Policy**
The first author is responsible for adhering to ASCO’s Policy for Relationships with Companies (Conflict of Interest), obtaining disclosure information from all coauthors, and ensuring that all coauthors meet the definition of authorship as stated by the International Committee of Medical Journal Editors.

**Prior Presentation/Publication Abstract Submission Policy**
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-led meetings and ASCO co-sponsored 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 except in the case of an abstract placeholder that was submitted to reserve a place for a late-breaking data submission abstract.

- 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.

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 ASCO Meeting. Pre-prints (non-peer-reviewed online comment drafts) are permitted before the abstract is submitted.

The Prior Presentation/Publication Policy remains in effect until the presentation at the Meeting.

Once an abstract is submitted to an ASCO Meeting, the abstract and any study data to be presented at the meeting are confidential. This includes late-breaking data submission abstracts (a.k.a. placeholder abstracts), even prior to submission of final data.

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),
- publish or present the information or provide it to others who may publish or present it,
- use the information for trading in the securities of any issuer, or provide it to others who may use it for securities trading purposes.

If information from the abstract or additional study data are disclosed after abstract submission and in advance of public release in conjunction with an ASCO Meeting, the abstract may be subject to rejection or removal unless an official Confidentiality Policy Exception applies (see below).

**When Confidentiality Lifts**
Confidentiality lifts once ASCO publicly releases the abstracts in conjunction with the ASCO Meeting. 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 posters) of the study data to be made at 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 with at least 48 hours’ notice where feasible.

Any abstract in violation of this policy may be subject to rejection or removal from the Meeting.
ABSTRACT SELECTION PROCESS & PRESENTATIONS

Abstracts of superior quality will be selected by the ASCO Scientific Program Committee for presentation at the 2020 ASCO Annual Meeting and for publication in the 2020 ASCO Annual Meeting Proceedings, a supplement to the Journal of Clinical Oncology.

Regular & Late-Breaking Data Submissions
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 March 27, 2020.

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