# 2021 ASCO® ANNUAL MEETING

# Call for Abstracts

## June 4–8, 2021

**Abstract Submission Deadline:**
**February 17, 2021 at 11:59 PM (EST)**

**AM.ASCO.ORG • #ASCO21**

# Key Dates

| | |
|---|---|
| **NOVEMBER 12, 2020** | Abstract Submission Opens |
| **FEBRUARY 17, 2021** | Abstract Submission Deadline |
| **MARCH 18, 2021** | Late-Breaking Submission Deadline (Shell Submission Required By February 17) |
| **APRIL 2, 2021** | Abstract Notifications Sent To First Authors |
| **APRIL 11, 2021** | Abstract Withdrawal Deadline |
| **MAY 19, 2021** | Abstracts Released on ASCO.org |
| **JUNE 4–8, 2021** | ASCO Annual Meeting |

*"In order to do right by the patients for whom we care, it's essential that we address systems that have created disparities in cancer care, treatment, and research. To that end, by convening our global oncology community, we can exchange and share knowledge about how the latest cancer research findings can be translated into improving care for patients and help us get closer to our goal of Equity: Every Patient. Every Day. Everywhere. I hope you will join me at the 2021 ASCO Annual Meeting as we work toward our vision of having all patients benefit from progress against cancer."*

**— Lori J. Pierce, MD, FASTRO, FASCO**
***2020-2021 ASCO President***

## ASCO20 Virtual Scientific Program

Over 2,500 abstracts accepted as oral or poster presentations

Participation from over 42,700 attendees from 138 countries

Content viewed more than 2.5 milllion times

*"Clinicians and researchers from throughout the world — we encourage you to submit practice-changing and clinically-relevant abstracts for presentation at ASCO 2021. Consistent with Dr. Lori Pierce's theme, we are particularly interested in receiving abstracts that examine and address disparities in all aspects of cancer care and research, including diagnosis, treatment, and survivorship. We are planning a Scientific Program for ASCO 2021 that will highlight novel findings that will improve the lives of every patient with cancer, every day, everywhere."*

**— N. Lynn Henry, MD, PhD, FASCO, FACP**
***Chair, 2021 ASCO Annual Meeting Scientific Program Committee***

# Submit your Research to #ASCO21

## 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.

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

# Author and Sponsor Eligibility

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

- Individuals may submit up to 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/abstract-submission for a full explanation of sponsorship and sponsor eligibility. Additionally, for specific questions about ASCO membership and sponsorship, contact ASCO Customer Service at 703-299-0158 or 1-888-282-2552.

# Submission Tracks & Subcategories

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

## Breast Cancer—Local/Regional/Adjuvant

- Adjuvant Therapy
- Biologic Correlates
- Local-Regional Therapy
- Neoadjuvant Therapy

## Breast Cancer—Metastatic

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

## Care Delivery and Regulatory Policy

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

## Central Nervous System Tumors

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

## Developmental Therapeutics—Immunotherapy

- Antibodies
- Cellular Immunotherapy
- Circulating Biomarkers
- Conduct of Clinical Research
- Immunobiology
- Inflammatory Signatures
- New Targets and New Technologies (IO)
- PD1/PD-L1 Inhibitor Combinations
- PD1/PD-L1 Inhibitor Monotherapy
- Tissue-Based Biomarkers
- Vaccines
- Other Checkpoint Inhibitors (Monotherapy or Combination)
- Other IO-Related Topics

## 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)
- Pharmacology
- Small Molecules
- Tissue-Based Biomarkers
- Other

## Gastrointestinal Cancer—Colorectal and Anal

- Anal Cancer
- Biologic Correlates
- Colorectal Cancer - Adjuvant
- Colorectal Cancer - Advanced Disease
- Colorectal Cancer - Local-Regional
- Other

## Gastrointestinal Cancer—Gastroesophageal, Pancreatic, and Hepatobiliary

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

## Genitourinary Cancer—Kidney and Bladder

- Biologic Correlates
- Bladder Cancer
- Kidney Cancer
- Other GU Cancer

## Genitourinary Cancer—Prostate, Testicular, and Penile

- Biologic Correlates
- Biomarkers/Imaging/Epidemiology/Outcomes
- Germ Cell/Testicular Cancer
- Penile Cancer
- Prostate Cancer - Advanced/Hormone-Sensitive
- Prostate Cancer - Advanced/Castrate-Resistant
- 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 Allotransplant

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

# Submission Tracks & Subcategories continued

## Hematologic Malignancies—Lymphoma and Chronic Lymphocytic Leukemia

- 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

## Prevention, Risk Reduction, and Hereditary Cancer

- Cancer Genetics
- Cancer Prevention
- Epidemiology
- Genetic Testing
- Prevention of Secondary Malignancies

## 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/Tumor Biology
- 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

**meetings.asco.org/am/submission-tracks-categories**

# Late-Breaking Placeholder Submission Guidelines

**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 17, 2021);

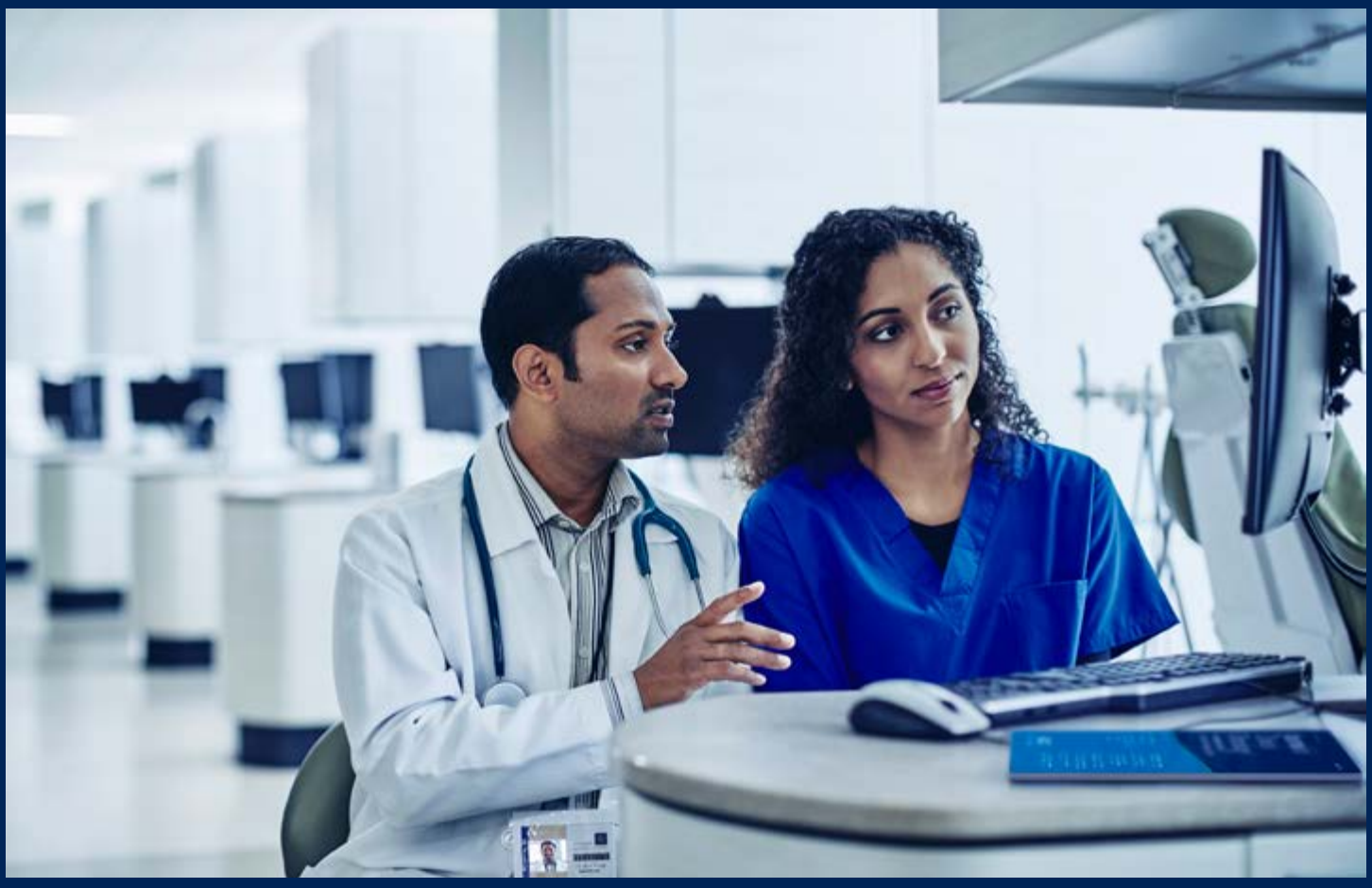
  OR

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

**The initial late-breaking placeholder (shell) must be submitted by the February 17 deadline.** During submission, you will be required to provide the primary clinical endpoint for analysis, type of analysis, date of planned analysis, and planned statistical methods for analysis.The policy is not a mechanism to allow for updated data to be submitted later when preliminary data are available by the abstract submission deadline.

Phase III clinical research trials for which the final data are not available by the March 18 deadline *may* be granted an extension to submit; however, the initial trial information **MUST** be submitted by the February 17 deadline. Contact abstracts@asco.org with questions.

**meetings.asco.org/am/late-breaking-data-submission-guidelines**



# Trials in Progress Submission Guidelines

ASCO recognizes the importance of bringing together researchers to discuss ongoing trials. Trials in Progress posters provide an opportunity for members of the research community to present ongoing trials, foster collaboration, and discuss correlatives and novel trial designs. In addition, Trials in Progress highlight the transition of emerging biologic pathways and new agents into the clinic—providing "coming attractions" for oncologists in clinical practice.

All phases of clinical research (phases I to III, supportive care, nonpharmacologic interventions) may be considered for inclusion as a Trials in Progress submission. Trials submitted to this session are ongoing and have not reached pre-specified endpoints for analysis. As such, inclusion of results would be improper and is strictly forbidden.

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

### Background

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

### Methods

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

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

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

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

**meetings.asco.org/am/trials-progress-abstract-submission-guidelines**

# Submission Requirements

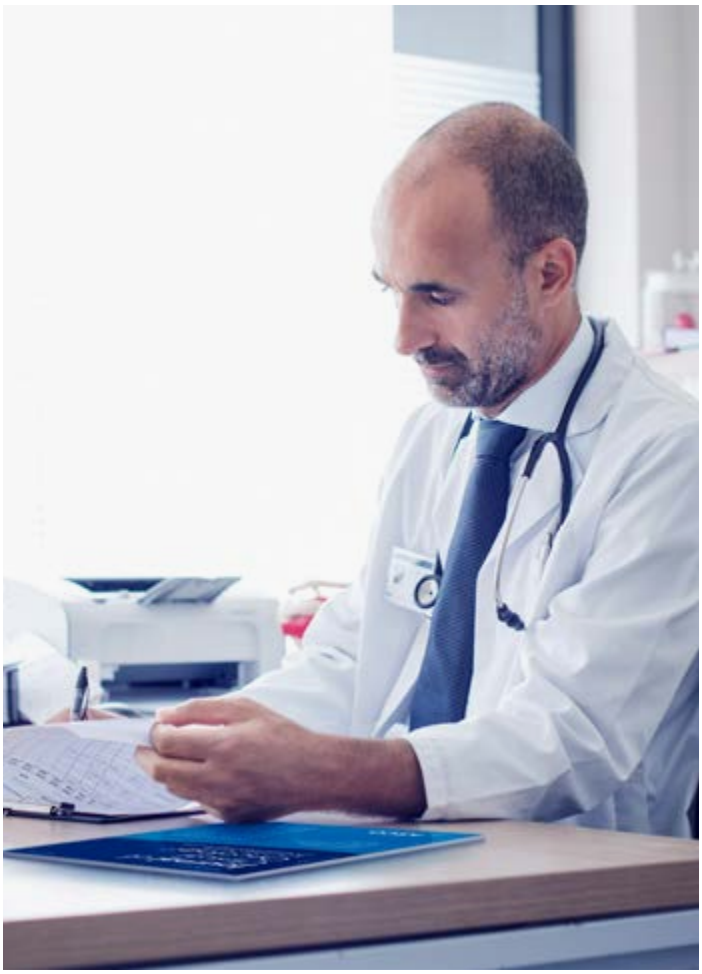
## As you prepare your abstract submission to the Meeting, please make note of the following requirements.

- **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.

**meetings.asco.org/am/trials-progress-abstract-submission-guidelines**

# Save Time, Ensure Accuracy

- The Coauthor Disclosure Form may be used by the first author to obtain disclosure information from coauthors. The first author must enter all disclosure information through the Abstract Submitter. If an author has provided disclosure through the ASCO Disclosure Management System, the information will automatically populate in the submission site. Disclosure information for all authors will be distributed as part of ASCO's Annual Meeting materials.
- **Restrictions for Presenting Authors:** If the first author is employed by a company as defined by the CMSS Code for Interactions with Companies (see below), an alternate presenter who does not have a relevant employment relationship must be named if the abstract is selected for presentation in an oral abstract session or clinical science symposium. A company is defined as: "A for-profit entity that develops, produces, markets, or distributes drugs, devices, services or therapies used to diagnose, treat, monitor, manage, and alleviate health conditions. This definition is not intended to include non-profit entities, entities outside of the healthcare sector, or entities through which physicians provide clinical services directly to patients."
- **Abstract Body/Table:** The body of your abstract should describe the background, methods, results, and conclusions of your research. You may type your abstract directly into the text box, cut and paste from an existing document, or upload a text file of your abstract. Do not exceed 2600 characters (approximately 300 to 350 words) for the total of your abstract title, body including section titles, and table. The character count does not include spaces or author names or institutions. One data table is permitted per abstract. The composition process does not enable shading or the merging of cells with centered text. Limit your table to no more than 10 rows and eliminate the need for shading or merged cells with centered text. Illustrations and figures are not permitted.
- **Topic Category:** Select the most appropriate track and subcategory for the abstract (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.



# Abstract Submission Policies

When submitting an abstract or late-breaking placeholder to any ASCO sponsored or co-sponsored meeting where ASCO is the lead sponsor (each an ASCO Meeting and collectively, ASCO Meetings), the First Author must agree to the following Prior Presentation/ Publication Policy and Confidentiality Policy on behalf of all parties involved with the study. The First Author is responsible for communicating the policies to all involved parties.

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

## 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 (ASCO Meetings)[i] are eligible for acceptance even if previously presented or published in the scientific, medical, or educational arena. Abstracts presented at these ASCO Meetings[i] may also be submitted for presentation at any other ASCO Meeting. **Authors are strongly encouraged to provide updated data in the abstract, as the novelty of the data will be taken into account during the abstract selection process.** (No new or updated data may be added to an abstract after it has been formally submitted.)
- Study results may be presented at closed (non-public) meetings, such as investigator or cooperative group meetings, so long as no meeting materials are publicly disseminated.

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 according to the following schedule:

- Publication Only Abstracts (e) – Until the time the abstract is publicly released by ASCO.
- Late-Breaking Abstracts (LBA), including Plenary – Until a time specified by ASCO in conjunction with the ASCO Meeting.
- All other abstracts – Until presentation at the ASCO Meeting; however, publication in a medical journal may occur any time on the day of presentation in the ASCO Meeting or thereafter.

Any abstract in violation of this policy may be subject to rejection or removal from the ASCO Meeting.

[i]ASCO Meetings:

- Gastrointestinal Cancers Symposium
- Genitourinary Cancers Symposium
- ASCO Quality Care Symposium
- ASCO Breakthrough: A Global Summit for Oncology Innovators

## Confidentiality Policy

**Compliance with the Confidentiality Policy by all parties related to the abstract is the responsibility of the First Author, and the First Author will be held accountable for any violations of ASCO's Policy.**

Once an abstract is submitted to an ASCO Meeting, the abstract and any study data to be presented at the ASCO Meeting are confidential. For late-breaking placeholders, the Confidentiality Policy does not apply until the study data is submitted to ASCO.

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

- make the information public, or provide it to others who may make it public (such as news media), or
- use the information for trading in the securities of any issuer, or provide it to others who may use it for securities trading purposes.

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

If 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

# Abstract Submission Policies continued

may be subject to rejection or removal unless an official Confidentiality Policy Exception applies (see below).

### 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.

A Securities and Exchange Commission (SEC) Exception applies to the extent necessary to comply with securities laws. Specific information and guidance on the SEC Exception are detailed further below in the "Guidance for Exceptions to ASCO's Confidentiality Policy" section.

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

### Even When a Policy Exception is Granted

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

### Questions?

Specific inquiries about exceptions to ASCO's Confidentiality Policy should be emailed to CPexceptions@asco.org.

### Guidance for Exceptions to ASCO's Confidentiality Policy

A research study is not eligible for inclusion in an ASCO Meeting if the data has been released publicly in a manner that does not comply with ASCO's Confidentiality Policy.[iii]

There are several types of Exceptions to ASCO's Confidentiality Policy and all require communication with ASCO in advance of any public release. A minimum of 48 hours' notice is requested. All exception requests and inquiries should be sent to CPexceptions@asco.org.

### SEC Exceptions

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

In general, the abstract is still eligible for inclusion in the ASCO Meeting provided that the company submits to ASCO, in advance of the release, a letter signed by the company's legal counsel that contains the abstract title, indicates the format/nature of the public disclosure, and advises that (a) public disclosure of the information is necessary for the company to comply with applicable securities laws, and (b) the information disclosed is the minimum necessary for such compliance. ASCO also requires that the lead author be copied on the request.

If the submission is in order, the SEC Exception is self-executing and does not require pre-approval from ASCO. If an SEC Exception applies, the abstract is eligible to be peer reviewed and will not be rejected or removed from the meeting on the basis of a Confidentiality Policy violation. However, in the interest of effective peer-reviewed presentation and freshness of data at the ASCO Meeting, ASCO retains the right in its discretion to accept or not accept any abstract for the meeting and, once an abstract is accepted, to place or change the placement of the abstract in the ASCO Meeting program depending on the extent of information released. When a press release has been released about an abstract based on an SEC Exception, the abstract is unlikely to be included in the official press program of the ASCO Meeting.

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

# Abstract Submission Policies continued

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

(a) summarize study data cited in the abstract in a qualitative fashion rather than providing specific quantitative information;

(b) avoid interpretations about the implications of the data for practice; and

(c) note that full data has been submitted to the ASCO Meeting.

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

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

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

The exception will be publicly noted on www.asco.org once the abstract has been formally accepted to the meeting.

### Other Exceptions

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

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

If data or other information from any abstract is released publicly in a manner that does not qualify for an Exception, ASCO, in its discretion, retains the right to reject or remove the abstract from the ASCO Meeting in accordance with the ASCO Confidentiality Policy described in the first paragraph of this Guidance.

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

[iii]For abstracts previously presented at the following ASCO Meetings, the Confidentiality Policy applies only to new or updated data or information in the study:

- Gastrointestinal Cancers Symposium
- Genitourinary Cancers Symposium
- ASCO Quality Care Symposium
- Breakthrough: A Global Summit for Oncology Innovators

**meetings.asco.org/am/abstract-policies-embargoes-exceptions**

# Abstract Selection Process & Presentations

Abstracts of superior quality will be selected by the ASCO Scientific Program Committee for presentation at the 2021 ASCO Annual Meeting and for publication in the 2021 ASCO Annual Meeting Proceedings, a supplement to the *Journal of Clinical Oncology*.

### Regular Abstracts & Late-Breaking Placeholders

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

### Trials in Progress Submissions

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

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

## Abstract Notifications

**Each first author (presenting author) will receive an email acknowledging receipt of the abstract after initiating a submission and after completing a submission. The first author (presenting author) will receive a letter of notification from the Program Committee regarding its decision by April 2, 2021.**

## Merit Awards

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

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

### Eligibility Criteria

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

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

CONQUER CANCER®
THE ASCO FOUNDATION

**meetings.asco.org/am/abstract-associated-awards**