

Abstracts

Submission Guidelines

The Society of Hematologic Oncology seeks original papers that address scientific questions, demonstrate new research/developments or contain original scientific results specifically related to the treatment of patients with hematologic malignancies.

The body of the abstract is limited to **350 words or less** and must represent original work, although previously published work may be used to fulfill this requirement. The total word count for the body of the abstract is 350 words. Titles, authors, and affiliations are excluded from the total word count. Titles, authors, affiliations, etc. are excluded from the total word count.

Submission of isolated case reports and hypotheses unsupported by data is discouraged. *SOHO 2019* reserves the right to reject any abstract for failure to comply with publication guidelines.

Abstract submissions must be made electronically, in **Microsoft Word** format (.doc or .docx), through the *SOHO 2019* Online Submission page at <https://www.soho2019.com/>. **No tables, figures, graphs, or images are allowed in the abstract submission.** Note that the format of the word document must adhere to the guidelines as illustrated in **Attachment I. The deadline for abstract submission is June 1, 2019.**

In the case of abstract acceptance, the Presenting Author (or a Co-Author substitute) must be in attendance to present during the meeting. All accepted abstracts will be reprinted for distribution in the Meeting Proceedings published in *Clinical Lymphoma, Myeloma & Leukemia*.

The 2019 meeting includes **oral presentations** for a select group of outstanding submissions. Works deemed exceptional in original review will be considered. Those invited to deliver oral presentations also qualify for "best poster" awards. **Eight awards** will be offered for **best posters**: \$1,000 each for the top 3 and \$500 each for the next 5. In addition, all abstracts accepted for poster presentation will receive a complimentary full registration.

The following information is required in order to submit an abstract.

Contact Information

The Presenting Author must provide complete contact information (full name, degree, institution, address, telephone number, fax and email address) in the Abstract Submission System.

The Presenting Author will receive all future correspondence from *SOHO 2019* regarding the status of the abstract, instructions regarding Poster Presentation and the option to publish a full paper in *Clinical Lymphoma, Myeloma and Leukemia*.

Category

Select one category from the following list for each abstract submission:

- Acute Lymphoblastic Leukemia
- Acute Myeloid Leukemia
- Cellular Therapy
- Chronic Lymphocytic Leukemia
- Chronic Myeloid Leukemia
- Hodgkin Lymphoma
- Non-Hodgkin Lymphoma
- Myelodysplastic Syndromes
- Myeloproliferative Neoplasms
- Multiple Myeloma
- Research Topics

Abstract Structure and Content

Reports of original data should include an abstract of no more than 350 words (titles, authors, affiliations, etc. are excluded from the total word count) using a structured format. The body of your abstract should describe the objectives and results of your research. **No tables, figures, graphs, or images are allowed in the abstract submission.**

Authors may use the following headings (or similar) when preparing the abstract: Context, Objective, Design, Setting, Patients (or Participants), Interventions, Main Outcome Measure(s), Results, and Conclusions. Include only those sections that are relevant to your report.

For brevity, parts of the abstract may be written as phrases rather than complete sentences. The following includes an **example** of abstract sections and content. Abstract submissions are not required to include these sections; they are provided for example purposes only.

Context

The abstract should begin with a sentence or two explaining the clinical (or other) importance of the study question.

Objective

State the precise objective or study question addressed in the report (eg, "To determine whether..."). If more than one objective is addressed, the main objective should be indicated and only key secondary objectives stated. If an *a priori* hypothesis was tested, it should be stated.

Design

Describe the basic design of the study. State the years of the study and the duration of follow-up. As

relevant, indicate whether observers were blinded to patient groupings, particularly for subjective measurements.

Setting

Describe the study setting to assist readers to determine the applicability of the report to other circumstances, for example, general community, a primary care or referral center, private or institutional practice, or ambulatory or hospitalized care.

Patients or Other Participants

State the clinical disorders, important eligibility criteria, and key sociodemographic features of patients. The numbers of participants and how they were selected should be provided.

If matching is used for comparison groups, characteristics that are matched should be

specified. In follow-up studies, the proportion of participants who completed the study must be indicated. In intervention studies, the number of patients withdrawn because of adverse effects should be given. Describe selection procedures where appropriate (eg, randomized sample; population-based sample; referred sample; consecutive sample; volunteer sample; convenience sample, etc).

Intervention(s)

The essential features of any interventions should be described, including their method and duration of administration. The intervention should be named by its most common clinical name, and nonproprietary drug names should be used.

Main Outcome Measure(s)

Indicate the primary study outcome measurement(s) as planned before data collection began. If the abstract does not report the main planned outcomes of a study, this fact should be stated and the reason

indicated. State clearly if the hypothesis being tested was formulated during or after data collection.

Explain outcomes or measurements unfamiliar to a general medical readership.

Results

The main outcomes of the study should be reported and quantified, including baseline characteristics and final included/analyzed sample. Include absolute numbers and measures of absolute risks (such as increase/decrease or absolute differences between groups), along with confidence intervals (for example, 95%) or P values. Approaches such as number needed to treat to achieve a unit of benefit may be included when appropriate.

Measures of relative risk also may be reported (eg, relative risk, hazard ratios) and should include confidence intervals. Studies of screening and diagnostic tests should report sensitivity, specificity, and likelihood ratio. If predictive value or accuracy is reported, prevalence or pretest likelihood should be given as well. All randomized controlled trials should include the results of intention-to-treat analysis, and all surveys should include response rates.

Conclusions

Provide only conclusions of the study directly supported by the results, along with implications for clinical practice, avoiding speculation and overgeneralization. Indicate whether an additional study is required before the information should be used in usual clinical settings. Give equal emphasis to

positive and negative findings of equal scientific merit.

Word Document Format

In addition to the online submission of the abstract, authors are also required to upload a word document (.doc or .docx) containing the: title of the abstract; the authors and their affiliations; and, the body of the abstract, in its entirety. **No tables, figures, graphs, or images are allowed in the abstract submission.**

The word document should mirror the attached example in terms of format (see **Attachment I**). All abstracts submitted with the incorrect format will be returned to the author. A word document template is available to ease of submission and format adherence.



Figure 2. Accepted abstracts will be reprinted for distribution in the Meeting Proceedings, published in *Clinical Lymphoma, Myeloma and Leukemia*, and will be available for viewing online.

Attachment I: Abstract Format

New Regimen in Lymphoma ← **Bold Title Case**

Author ¹, Author ², Author ³, ... ← **List Authors as indicated, referencing their institution**

¹Institute, City, State, Country; ²Institute, City, State, Country;... ← **List institution information on the next line.**

KEY WORDS: lymphoma, combination therapy, CHOP, etc...

Reference each author's institution with a superscript numeral.

CONTEXT: The abstract should begin with a sentence or two explaining the clinical (or other) importance of the study question.

OBJECTIVE: State the precise objective or study question addressed in the report (eg, "To determine whether..."). If more than one objective is addressed, the main objective should be indicated and only key secondary objectives stated. If an *a priori* hypothesis was tested, it should be stated.

DESIGN: Describe the basic design of the study. State the years of the study and the duration of follow-up. As relevant, indicate whether observers were blinded to patient groupings, particularly for subjective measurements.

SETTING: Describe the study setting to assist readers to determine the applicability of the report to other circumstances, for example, general community, a primary care or referral center, private or institutional practice, or ambulatory or hospitalized care.

PATIENTS OR OTHER PARTICIPANTS: State the clinical disorders, important eligibility criteria, and key sociodemographic features of patients. The numbers of participants and how they were selected should be provided. If matching is used for comparison groups, characteristics that are matched should be specified. In follow-up studies, the proportion of participants who completed the study must be indicated. In intervention studies, the number of patients withdrawn because of adverse effects should be given. Describe selection procedures where appropriate (eg, randomized sample; population-based sample; consecutive sample; etc.).

INTERVENTIONS: The essential features of any interventions should be described, including their method and duration of administration. The intervention should be named by its most common clinical name, and nonproprietary drug names should be used.

MAIN OUTCOMES MEASURES: Indicate the primary study outcome measurement(s) as planned before data collection began. If the abstract does not report the main planned outcomes of a study, this fact should be stated and the reason indicated. State clearly if the hypothesis being tested was formulated during or after data collection. Explain outcomes or measurements unfamiliar to a general medical readership.

RESULTS: The main outcomes of the study should be reported and quantified, including baseline characteristics and final included/analyzed sample. Include absolute numbers and measures of absolute risks (such as increase/decrease or absolute differences between groups), along with confidence intervals (for example, 95%) or P values. Approaches such as number needed to treat to achieve a unit of benefit may be included when appropriate. Measures of relative risk also may be reported (eg, relative risk, hazard ratios) and should include confidence intervals. Studies of screening and diagnostic tests should report sensitivity, specificity, and likelihood ratio. If predictive value or accuracy is reported, prevalence or pretest likelihood should be given as well. All randomized controlled trials should include the results of intention-to-treat analysis. Reference tables in the appropriate section (**Table 1**).

CONCLUSIONS: Provide only conclusions of the study directly supported by the results, along with implications for clinical practice, avoiding speculation and overgeneralization. Indicate whether an additional study is required before the information should be used in usual clinical settings. Give equal emphasis to positive and negative findings of equal scientific merit.

Provide any grant acknowledgements for your research (i.e., NIH-AI 310023). ← **Grant funding recognition**

➤ **All Abstracts submitted with the incorrect format will be returned to the author.**

➤ **No tables, figures, graphs, or images are allowed in the abstract submission.**

These portions should be copied and pasted into the abstract submission "Body of Abstract" during online abstract submission.