KCRS22 Kidney Cancer Research Summit

# Guidelines for Abstract Submission

## General

Below are the guidelines for your abstract submission. Details are included in the form. Please ensure that your abstract submission follows these requirements.

Please make a note of the email and password you used to create your submission. If your submission is partial or you wish to revise before the deadline, you will need to use the login you created. Individuals may submit up to two abstracts as primary or presenting author.

## Deadline for Submissions

**Deadline for submission: July 22, 2022**
Late breaking abstracts should also be submitted as a shell application by July 22, 2022 with final application including final data submitted by Aug 1, 2022. Applications will be reviewed and selected for presentation by the Abstract Committee.

Notifications will be sent by Aug 24, 2022, and for Late Breaking Abstracts by Sept 20, 2022.

## General Requirements

- Type the text unjustified without hyphenating words at line breaks.
- Use single line spacing. Use hard returns only to end headings and paragraphs.
- Abbreviations should be used as sparingly as possible and should be defined when first used.
- All abstracts must be in English. Spelling within any one abstract should be US English or UK English, but not a mixture.
- In most cases, Greek letters and other special characters will transfer from your word processing software via copy and paste functions. If you are unable to reproduce a particular special character, type out the name of the symbol in full.
- SI units should be used throughout (liter and molar are permitted, however.)

## Title

The title must be entered exactly as it should appear and should be in sentence case. Do not put the title in quotes, underline it, or use punctuation. The title can be a maximum of 200 characters, including spaces.

## Research Topic Category

All abstract submitters will be asked to indicate the primary category with which the abstract most closely aligns. Abstracts accepted for oral presentation do not need to submit a corresponding poster.

Additional abstracts of interest may be selected for Poster Presentations and, if desired, those posers may be accompanied by brief video presentation. Kidney Cancer Research Summit 2022 will accept submissions in the following categories:

- Basic/Translational Research
- Trials in Progress/Clinical Research

Encore presentations will not be accepted. Data that has been previously presented must include updates or other additional novel content not presented at a prior meeting.

## Abstract Structure

The following is included in the abstract body and must not exceed 600 words total:

Background
Methods
Results*
Conclusions*

**For Clinical Trials in Progress, results and conclusions are not required.*

One table will be permitted. Characters included in the table will count towards the overall character limit.

## Keywords

All abstract submitters will be asked to indicate keywords for their abstract.

## Authors and Institutions

All authors and contact information must be listed in the correct order. The order in which authors will be listed in the author block of all publications is the order that they are entered.

Each author **MUST** indicate at least one institution affiliation. Affiliations should include Department, University, Town, State, USA OR Institution, Town, Country, for example.

There is no limit to the number of authors you can include.

Your submission needs to have a minimum of: one Corresponding Author, one Presenting Author, one Primary Author. These three roles may be fulfilled by the same individual. Each presenting author may submit no more than two abstracts.

The presenting author will need to submit Conflicts of Interest online. Usually a standard COI summary or a statement "No Relevant COI's" will suffice but other information may be added to the submission form as needed.

The presenting author submitting an abstract must agree to the following:

- Serve as the contact for all correspondence about the abstract and inform co-authors about its status
- Confirm all authors are aware of and agree to the content and data presented in the abstract
- Verify the abstract is accurate and that permission has been obtained from all relevant parties
- Verify the abstract has not been published prior to KCRS22 or if previously published, contains significant new data
- Agree to follow all media and press release policies set forth by KidneyCAN

## Trial Registration

If applicable, abstracts related to clinical trials (RCTs) should include the trial registry along with the unique identifying number.

**The data in the abstract must not be published prior to KCRS22.**

## Late-Breaking Abstracts

Late-breaking abstract applications will need to indicate if it is a clinical or lab-based study and will need to include the following information in their application:

- Clinical Study
- Closure date of the study
- Primary clinical endpoint for analysis
- Type of analysis

### Late-Breaking Abstract Information and Eligibility

Late-breaking abstract submission is solely for abstracts with late-breaking data and not for abstracts submitted "late." The late-breaking abstract deadline is not intended to be an extension of the general submission deadline. Late-breaking abstracts highlight novel and practice-changing studies, and only apply to data that would have not otherwise have been presented as an abstract at KCRS22.

Examples of acceptable late-breaking abstracts include the following (in each case, results were not available or significant by the regular abstract submission deadline):

- Results of a practice-changing prospective Phase III clinical trial
- Phase II study showing anti-tumor activity in a novel context
- An early clinical trial with novel proof-of-principle data

Authors need to justify late consideration by documenting the reason for late breaking data.

A shell abstract must be submitted by July 22, 2022, and submit a late-breaking abstract application by Sept 20, 2022. This application needs to include necessary abstract information (without results and conclusions) and incorporate the primary clinical endpoint for analysis, type of analysis, date of planned analysis, and planned statistical methods for analysis.

## Contact

**For further information please contact:** Susan.Poteat@KidneyCAN.org