2026 ASCO®
ANNUAL MEETING

#ASCO26 IS THE PLACE TO BE

CALL FOR **ABSTRACTS**

May 29–June 2, 2026
Chicago, IL & Online
am.asco.org

ABSTRACT SUBMISSION DEADLINE:
JANUARY 27, 2026, AT 11:59 PM (ET)

The 2026 ASCO Annual Meeting is The Place to Be Heard

The 2026 ASCO Annual Meeting is returning to Chicago! Get ready to connect with the global oncology community and explore the latest breakthroughs in cancer care. Don't miss your chance to participate in the world's largest clinical cancer research meeting—prepare your abstract now and submit it by January 27.

Key Dates

NOVEMBER 5, 2025	Abstract Submission Opens
EARLY DECEMBER 2025	ASCO Member Registration and Hotel Reservations Open
EARLY DECEMBER 2025	Preliminary Program Released Online
MID-DECEMBER 2025	Registration and Hotel Reservations Open for All
JANUARY 27, 2026, AT 11:59 PM (ET)	Abstract Submission Deadline
MARCH 9, 2026, AT 12:00 PM (ET)	Final Late-Breaking Abstract Submission Deadline (Shell Submission Required by January 27)
MARCH 27, 2026	Abstract Notifications Sent to First Authors
APRIL 5, 2026	Abstract Withdrawal Deadline
APRIL 21, 2026	Regular and Late-Breaking Abstract Titles Released Online
APRIL 22, 2026, AT 11:59 PM (ET)	Hotel Reservation and Early Registration Deadline
MAY 21, 2026, AT 5:00 PM (ET)	Regular Abstracts Released Online
MAY 29–JUNE 2, 2026	2026 ASCO Annual Meeting at McCormick Place Late-Breaking Abstracts (LBAs) release on day of presentation at the Meeting

"ASCO unites the global oncology community to transform groundbreaking science into lifesaving care. By sharing your research at the ASCO Annual Meeting, you join a powerful scientific and educational movement—helping translate cancer breakthroughs from the lab to the clinic and from the clinic to communities worldwide."

— **Eric J. Small, MD, FASCO**
2025–2026 ASCO President

"At ASCO's Annual Meeting, we see the future of cancer care unfold. It's a place where the world's leading minds converge to share groundbreaking science, clinical breakthroughs, and the essential global exchange of knowledge and perspective that propels our collective mission to conquer cancer."

— **Jo Chien, MD**
Chair, 2026 ASCO Scientific Program Committee

Highlights from the 2025 ASCO Annual Meeting

44,000+ Attendees

#ASCO25 hashtag used **more than 61k times** during the course of the Meeting (5/30-6/4) by **more than 8k authors**

Research from the Meeting garnered global news media coverage in **more than 50 countries**, including publications such as Associated Press, BBC, *The New York Times*, *The Guardian*, *Corriere Nazionale*, *Hit News*, *Yahoo News Australia*, *Nouvelles du Monde*, and more.

Submit Your Research to #ASCO26

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, with the exception of **case reports which are not permitted**.
- 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. Authors will be required to provide details about what new data are included in the ASCO submission.
- In general, ASCO discourages reporting of interim results unless approved by the study's Data and Safety Monitoring Committee. Please review ASCO's **Abstract Biostatistical Guidelines** for additional information.
- Abstracts of clinically related subjects should be combined into a single abstract. Submission of multiple abstracts on a single study may result in rejection of one or more abstracts.
- To ensure the integrity of the review process, updates to data will not be allowed after the abstract submission deadline.

Getting Started: 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 author on the designated step. However, the first author will need to agree to all ASCO policies and will be held responsible for any violation of the policies.

Simultaneous Publication in ASCO Journals

Authors of high-impact, practice-changing studies who are interested in having their research published simultaneously in a *JCO* Journal with their Meeting presentation should submit a pre-submission inquiry to **pubs@asco.org**; manuscripts must be submitted by April 3, 2026.

Don't Miss the Opportunity to Present Your Research at #ASCO26

1 Plenary Session

23 Oral Abstract Sessions

13 Clinical Science Symposia, including 3 Special Cross-Cutting Symposia

25 Rapid Oral Abstract Sessions

24 Poster Sessions, including Trials in Progress abstracts

Over 3,100 Total Presentation Opportunities

The Place to Be Published

Author and Sponsor Eligibility

Authorship

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

- Individuals may submit up to two regular abstracts as the first author.
- Individuals may submit an unlimited number of Trials in Progress abstracts.

Sponsorship

ASCO membership is not required of the first author to submit an abstract; however, each abstract must be sponsored by an ASCO member*.

- All ASCO members in good standing may sponsor their own submissions.
- Abstract submitters who are not ASCO members must have their abstract sponsored by an ASCO member. There is no limit to the number of abstracts a member can sponsor.
- Abstract sponsors must verify the contents of the abstract and support its data and comply with all Abstract Policies.

*Review **ASCO's Member Benefits** or contact ASCO Customer Service at 703-299-0158 or 1-888-282-2552 for more information.

Submission Tracks and Subcategories

The 2026 ASCO Annual Meeting 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
- Artificial Intelligence
- Biologic Correlates
- DCIS/LCIS/Premalignant Lesions
- Local-Regional Therapy
- Neoadjuvant Therapy
- Outcomes/Quality

Breast Cancer—Metastatic

- Artificial Intelligence
- Biologic Correlates
- *HER2*-Positive
- Hormone Receptor-Positive
- Triple-Negative
- Non–Subtype-Specific Breast Cancer Therapies
- Outcomes/Quality
- Other Breast Cancer Subtypes

Care Delivery/Models of Care

- Access to Care
- Care Delivery/Models of Care/Implementation Science
- Care Delivery in Global Settings
- Clinical Informatics/Artificial Intelligence/Data Science
- Digital Technology/Telemedicine/Remote Care
- Discrepancies in Care
- Geriatric Care Delivery
- Survivorship Care Delivery

Central Nervous System Tumors

- Artificial Intelligence
- Brain Metastases
- Outcomes/Quality
- Primary CNS Tumors–Glioma
- Primary CNS Tumors–Non-Glioma

Developmental Therapeutics—Immunotherapy

- Antibodies
- Artificial Intelligence
- Cellular Immunotherapy
- Circulating Biomarkers
- Immunobiology
- Intratumoral/Tumor-Localized Treatment Modalities
- New Targets and New Technologies (IO)
- PD1/PD-L1 Inhibitor Monotherapy
- PD1/PD-L1 Inhibitor Combinations
- Tissue-Based Biomarkers
- Vaccines
- Other Checkpoint Inhibitors (Non-PD1/PD-L1, Monotherapy, or Combination)
- Other Experimental IO-Related Topics

Developmental Therapeutics—Molecularly Targeted Agents and Tumor Biology

- Artificial Intelligence
- Chemotherapy and Antibody-Drug Conjugates
- Circulating Biomarkers
- Molecular Diagnostics and Imaging
- New Targets and New Technologies (Non-IO)
- Pharmacology/Pharmacody-namics/Pharmacogenetics
- Radiopharmaceuticals
- Small Molecules
- Tissue-Based Biomarkers
- Other Developmental Therapeutics

Gastrointestinal Cancer—Colorectal and Anal

- Anal Cancer
- Artificial Intelligence
- Colorectal Cancer–Advanced Disease
- Colorectal Cancer–Local-Regional
- Outcomes/Quality
- Other Colorectal and Anal Cancer

Gastrointestinal Cancer—Gastroesophageal, Pancreatic, and Hepatobiliary

- Artificial Intelligence
- Esophageal or Gastric Cancer–Advanced/Metastatic Disease
- Esophageal or Gastric Cancer–Local-Regional Disease
- Hepatobiliary Cancer–Advanced/Metastatic Disease
- Hepatobiliary Cancer–Local Regional Disease
- Neuroendocrine/Carcinoid
- Outcomes/Quality
- Pancreatic Cancer–Advanced/Metastatic Disease
- Pancreatic Cancer–Local-Regional Disease
- Other GI Cancer

Genitourinary Cancer—Kidney and Bladder

- Artificial Intelligence
- Kidney Cancer
- Outcomes/Quality
- Urothelial Cancer–Advanced/Metastatic
- Urothelial Cancer–Localized Disease
- Other Kidney and Bladder Cancer

Genitourinary Cancer—Prostate, Testicular, and Penile

- Artificial Intelligence
- Germ Cell/Testicular Cancer
- Outcomes/Quality
- Penile Cancer
- Prostate Cancer–Advanced/Castrate-Resistant
- Prostate Cancer–Advanced/Hormone-Sensitive
- Prostate Cancer–Local-Regional Disease
- Other Prostate, Testicular, and Penile Cancer

Gynecologic Cancer

- Artificial Intelligence
- Cervical Cancer
- Outcomes/Quality
- Ovarian Cancer
- Uterine Cancer
- Other Gynecologic Cancer

Submission Tracks and Subcategories, continued

Head and Neck Cancer

- Advanced Disease
- Artificial Intelligence
- Biologic Correlates
- Local-Regional Disease
- Outcomes/Quality
- Rare Head and Neck Cancers

Hematologic Malignancies—Leukemia, Myelodysplastic Syndromes, and Allotransplant

- Acute Leukemia
- Artificial Intelligence
- Hematopoietic Stem Cell Transplantation and Other Cellular Therapies
- Myelodysplastic Syndromes (MDS)
- Myeloproliferative Neoplasms (MPN) Including Chronic Leukemia and Mast Cell Disorders
- Outcomes/Quality
- Other Leukemia and Myelodysplastic Syndromes

Hematologic Malignancies—Lymphoma and Chronic Lymphocytic Leukemia

- Artificial Intelligence
- Cell Therapy, Bispecific Antibodies, and Autologous Stem Cell Transplantation for NHL, HL, or CLL
- Chronic Lymphocytic Leukemia (CLL) and Hairy Cell
- Hodgkin Lymphoma
- Non-Hodgkin Lymphoma
- Outcomes/Quality
- Other Lymphoma

Hematologic Malignancies—Plasma Cell Dyscrasia

- Artificial Intelligence
- Cell Therapy, Bispecific Antibodies, and Autologous Stem Cell Transplantation for Multiple Myeloma and Other Plasma Cell Disorders
- Outcomes/Quality
- Plasma Cell Neoplasms—Biology, Genomics
- Other Therapeutic Strategies for Multiple Myeloma and Other Plasma Cell Disorders

Lung Cancer—Non-Small Cell Local-Regional/Small Cell/Other Thoracic Cancers

- Artificial Intelligence
- Biologic Correlates
- Local-Regional Non-Small Cell Lung Cancer
- Mesothelioma
- Neoadjuvant, Perioperative, and Adjuvant Therapy
- Outcomes/Quality
- Small Cell Lung Cancer
- Thymic Malignancies

Lung Cancer—Non-Small Cell Metastatic

- Antibody-Drug Conjugates and Other Novel Therapies
- Artificial Intelligence
- Biologic Correlates
- Immunotherapies
- Outcomes/Quality
- Targeted (Non-Immunotherapy)
- Other Lung Cancers

Medical Education and Professional Development

- Clinician Burnout and Wellness
- Education Research
- Leadership and Professional Development
- Social Media Research
- Workplace Issues and Workforce Development

Melanoma/Skin Cancers

- Advanced/Unresectable Melanoma
- Artificial Intelligence
- Locoregional, Neoadjuvant, and Adjuvant Melanoma
- Outcomes/Quality
- Other Nonmelanoma/Skin Cancers

Pediatric Oncology

- Artificial Intelligence
- Leukemia/Lymphoma
- Multiple Cancer Types
- Outcomes/Quality
- Pediatric Solid Tumors
- Survivorship
- Symptom Management/Supportive Care/Palliative Care

Prevention, Risk Reduction, and Genetics

- Cancer Prevention, Risk Reduction, and Early Detection
- Etiology/Epidemiology of Cancer Risk and Development
- Germline Genetic Risk Evaluation
- Hereditary Cancer Syndromes
- Modifiable/Behavioral Risk Factors

Quality Care/Health Services Research

- Clinical Research Design
- Health and Regulatory Policy
- Health Outcomes
- Health Services Research
- Patient Reported Outcomes
- Quality Improvement
- Real-World Data/Outcomes

Sarcoma

- Artificial Intelligence
- Bone Tumors
- Gastrointestinal Stromal Tumors (GIST)
- Molecular Targets/Biomarkers/Tumor Biology
- Outcomes/Quality
- Soft Tissue Tumors

Symptom Science and Palliative Care

- Cardio-Oncology
- End-of-Life Care
- Oncology Rehabilitation
- Palliative Care and Symptom Management
- Pathobiology of Symptoms
- Psychosocial, Behavioral, and Communication Research
- Survivorship/Late and Long Term Adverse Effects
- Toxicities–Prevention and Management Strategies

asco.org/am-tracks-categories

Late-Breaking Abstract (LBA) Submission Guidelines

Late-Breaking Data Submission Guidelines

The ASCO late-breaking data policy allows for the submission of practice-changing late-breaking data for which no preliminary data are available at the time of the abstract submission deadline (January 27, 2026) for randomized phase II and III trials. ASCO will also consider other original research studies that are high impact with practice-changing implications for which no preliminary data are available.

The initial abstract must be submitted by the January 27, 2026, deadline as a placeholder (shell) abstract submission. During submission, you will be required to enter all authors and their disclosures, the Background and Methods sections, provide the primary clinical endpoint for analysis, type of analysis, date of data freeze, planned statistical methods, and estimated date that final data will be ready. *Note: The data freeze date must be on or after January 7, 2026 (i.e., less than 21 days from abstract deadline date).*

The initial late-breaking placeholder (shell) must be submitted by the January 27 deadline. Final late-breaking data will be due by March 9, 2026.

The late-breaking data 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 9 deadline may be granted an extension to submit; however, the initial trial information **MUST** be submitted by the January 27 deadline. Contact **abstracts@asco.org** with questions.

asco.org/am-late-breaking-data

Trials in Progress (TPS) Abstract 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 highlights 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***.

To maximize visibility and communication around ongoing trials, Trials in Progress abstracts are excluded from ASCO's Prior Presentation/Publication and Confidentiality Policies but must adhere to and abide by the Copyright Transfer Policy. If copyright has been assigned to another entity, the first author must obtain permission from the copyright holder for ASCO to reprint the abstract. Authors are required to notify **abstracts@asco.org** and provide appropriate copyright language from the other entity should their Trials in Progress abstract be published before ASCO publishes the abstract.

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.
- Clinical trial registry number (required).
- **Examples:**
  - Phase I studies may say, "Cohorts 1 and 2 have been completed without DLT. Enrollment to cohort 3 began in January 2025."
  - 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 2025."
  - Phase III trials may report, "The DMC last reviewed the trial in December 2024 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).

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.

asco.org/am-trials-progress

Abstract 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 the abstract funding source(s). The funding sources entered here will be published with your final abstract. They do not need to be included within the abstract body.
- **Abstract Title:** The title should objectively describe the study and be written in sentence case. Titles should not allude to the result or conclusion of the study. ASCO reserves the right to edit conclusive titles.
- **Track and Subcategory:** Select the most appropriate track and subcategory for the abstract. 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.
- **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. Ensure that the correct author information and order is submitted. Changes to author names or order will not be accepted after the submission deadline.
- **Abstract Body and Table:** The body of the abstract should describe the background, methods, results, and conclusions of the research. Type the abstract directly into the text box or cut and paste from an existing document.
  - Character count: Do not exceed 2,600 characters including the abstract title, body, and table. The character count does not include spaces, author names, or institutions.
  - Table: One data table is permitted per abstract. The composition process does not enable shading or the merging of cells with centered text. Limit the table to no more than 10 rows. Illustrations and figures are not permitted.
  - ASCO discourages the submission of complex tables with subrows and subcolumns. Tables that do not render correctly in print or online will not be fixed after publication.
- **Submission Fee:** An $80 (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.
  - Payment waivers: ASCO is pleased to offer payment waivers to first authors from low-income countries and lower-middle-income countries (LMICs), as **defined by the World Bank**. Authors may apply for a payment waiver at the time of submission. Please allow 1–2 business days to allow staff to process your waiver request; refunds will not be approved for payments made before a waiver request is approved. Please **contact us** for more details.
  - Please note: The abstract submission fee does not include registration for the Annual Meeting.

asco.org/am-abstract-submission

Abstract Submission Requirements, continued

Save Time, Ensure Accuracy—Collect Author Disclosure Information Early

- **Disclosure Declaration:** ASCO's policy promotes balance, independence, objectivity, and scientific rigor in all 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 submitter must enter all disclosure information through the Abstract Submitter by the submission deadline.
  - If an author has provided disclosure through the ASCO Disclosure Management System (**coi.asco.org**), the information will automatically populate in the submission site.
- **Presenter Eligibility:** At least one coauthor on the abstract must be eligible to present. If the first author is employed by a company or holds ownership with a private company (see company definition below), an alternate presenter who does not have a relevant employment or ownership relationship must be named from the list of coauthors. This applies to abstracts presented in an oral abstract session, rapid oral abstract session, or clinical science symposium.
  - Company is defined as an entity whose business is developing, producing, marketing, selling, re-selling or distributing drugs, devices, services or therapies used to diagnose, treat, monitor, manage and alleviate health conditions.

Guide to Abstract Policies Governing ASCO Meetings

UPON SUBMISSION OF THE ABSTRACT TO ASCO

When submitting an abstract to any ASCO Meeting, the first author must agree to the following policies on behalf of all parties involved with the study. The first author is responsible for communicating the policies to all involved parties, including co-authors and sponsors, complying with these policies, and will be held accountable for any policy violations of the abstract.

- Presentation Policy
- Clinical Research Policy
- Copyright Transfer Policy
- Prior Presentation/Publication Policy
- Confidentiality and Embargo Policy

Any violation of these policies may subject the abstract to rejection or removal from the ASCO meeting.

Presentation Policy

The presenting author must agree to present the abstract in-person if it is selected for presentation at the Meeting and adhere to the following guidelines for presenting authors.

At least one coauthor on the abstract must be eligible to present. If the first author is employed by a company or holds ownership with a private company (see company definition below), an alternate presenter who does not have a relevant employment or ownership relationship must be named from the list of coauthors. This applies to abstracts presented in an oral abstract session, rapid oral abstract session, or clinical science symposium. These presenters will also be subject to the same disclosure review and management strategies as faculty, per **ASCO's Implementation Plan to Manage Relationships with Companies for CE Activities**.

Company is defined as an entity whose business is developing, producing, marketing, selling, re-selling or distributing drugs, devices, services or therapies used to diagnose, treat, monitor, manage and alleviate health conditions.

Clinical Research Policy

Abstracts reporting on clinical research must verify that the work represented in the abstract was approved by an appropriate ethics committee or institutional review board and, if appropriate to this research, informed consent was obtained for all subjects.

Copyright Transfer Policy

The first author/presenting author must agree to:

1. Assign all copyrights of the abstract in all forms and media to ASCO effective if and when it is accepted for publication by ASCO.
2. Confirm that the abstract contains no material the publication of which violates any copyright or other personal or property right of any person or entity and acknowledge that ASCO is relying on this representation in publishing this abstract.
3. Have obtained consent of all other authors to transfer copyright on their behalf and indemnifies ASCO for any breach of this representation.
4. In the case of a "work made for hire" (a work prepared by an employee within the scope of his or her employment or commissioned as a work for hire under a written agreement), an authorized representative of the copyright owner must agree to the copyright transfer to ASCO. The submitting author must obtain consent of the copyright owner and indemnifies ASCO for any breach of this representation.

–OR–

U.S. Federal Employment: If all named authors are officers or employees of the U.S. and the abstract was written as part of his or her official duties, it is not subject to U.S. copyright. Authors must also agree to items 2, 3, and 4 above. If such an abstract is not published by ASCO, this form will not take effect.

Prior Presentation/Publication Policy

Meeting Presentations/Journal and Other Publications

Once submitted to ASCO and prior to the Meeting, the contents and conclusions of the abstract must not be presented at or published in conjunction with any scientific, medical, or educational meeting or published in any scientific, medical, or educational publication (in whole or in part). During the submission process, submitters are required to disclose if any part of the abstract has been previously presented or published and detail the updated data, results, and conclusions in their submission.

Exemptions

Studies previously accepted and presented at ASCO Meetings are eligible for resubmission and presentation at any other ASCO Meeting, including the ASCO Gastrointestinal Cancers Symposium, ASCO Genitourinary Cancers Symposium, ASCO Quality Care Symposium, and ASCO Breakthrough. Authors are strongly encouraged to provide updated data in the abstract, as the novelty of the data will be considered during the abstract peer-review and selection process.

Previously presented or published Trials in Progress (TPS) abstracts are eligible for submission; however, if abstract copyright has already been assigned to another entity, the first author must obtain permission from that entity for ASCO to reprint the abstract. Permissions should be sent to **abstracts@asco.org**.

Preprints (non-peer-reviewed online comment drafts) are permitted until the abstract is submitted and may not be updated after submission.

FROM SUBMISSION OF ABSTRACT UNTIL ASCO PUBLISHES THE ABSTRACT

Confidentiality and Embargo Policy

Abstracts submitted to any ASCO Meeting, including late-breaking abstract placeholders, are confidential and embargoed until ASCO publishes the abstract online. Study data subsequently submitted for late-breaking abstracts are likewise confidential and embargoed. For data previously presented or published under an exemption, the Policy applies only to new or updated data in the abstract.

After the abstract is submitted to and prior to the abstract information being published online 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.

Exemptions

Top-level study results may be presented and discussed at closed (nonpublic) meetings, so long as meeting information and materials are not publicly discussed or disseminated, including on social media or online, and media are not present. Some examples of such nonpublic meetings are investigator meetings, cooperative group meetings, and individual meetings with regulatory officials. ASCO does not require notice of such meetings. Review the Frequently Asked Questions available on **am.asco.org** for more information.

Exceptions–Advance Notice Required

ASCO recognizes that certain federal and international laws require disclosure of certain clinical trial results 1) through federal and international registries within a specific time period of trial completion, or 2) in relation to required disclosure by federal and international agencies for regulatory purposes related to drug safety and efficacy. Should disclosure of confidential information be required in either of these circumstances before ASCO publishes the abstract online, the required disclosure will not be viewed as a breach of ASCO's Embargo Policy.

Other than the purposes outlined above, exceptions to ASCO's Confidentiality/Embargo Policy require at least 48 hours advance communication with ASCO prior to any public release. Review ASCO's guidance and information for Requesting an Exception listed further below on this page and direct all communications to **CPexceptions@asco.org**.

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.

Announcing Acceptance of the Abstract

Once an abstract has been officially accepted for presentation/publication as part of the Meeting, authors and study sponsors are welcome to publicize the abstract's acceptance. However, the session/presentation information should not be shared until ASCO has publicly released this information. No study data or results can be included in this type of announcement (social media post, press release, etc.). Review the Frequently Asked Questions available on **am.asco.org** for more information.

FROM ABSTRACT ONLINE PUBLICATION UNTIL MEETING PRESENTATION

Once ASCO publishes the abstract online in conjunction with the ASCO Meeting, the general study findings may be discussed/reported publicly. However, formal publication in a journal and release of full presentation slides or poster is prohibited until 7:00 AM (CT)/8:00 AM (ET) on the day of presentation. For publication-only abstracts, journal publication and release can occur at the time of abstract publication. Press releases issued after ASCO's online publication do not violate ASCO Policies.

View ASCO's abstract publication schedule and meeting program for abstract publication and presentation times.

For questions regarding resubmission of your ASCO abstract to a subsequent Meeting, consult the **Policy for Resubmission of ASCO Abstracts to Other Meetings** below and contact **permissions@asco.org**.

ADDITIONAL GUIDANCE TO REQUEST AN EXCEPTION TO ASCO'S CONFIDENTIALITY AND EMBARGO POLICY

Other than required disclosure for regulatory purposes as outlined above, exceptions to the Confidentiality and Embargo 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** with at least 48 hours' notice for step-by-step guidance.

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 material by a reasonable investor, significantly altering the total mix of information available to the investor.

In general, an abstract in this situation is still eligible for inclusion in the ASCO Meeting provided that the company submits to ASCO, in advance of any public release, a letter signed by the company's legal counsel that contains the abstract title, indicates the format/nature of the public disclosure, and attests 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. In addition, ASCO requires that the lead author be copied on the company's request for an exception. If the submission is in order, the SEC exception is self-executing and does not require preapproval 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 and Embargo Policy violation.

To the extent that the SEC exception applies, corporate 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.

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

- summarize study data cited in the abstract in a qualitative fashion rather than providing specific quantitative information;
- avoid interpretations about the implications of the data for practice; and
- 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 considered qualitative, while a statement that "survival was increased by 20% with the study drug" is 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 ASCO’s website once the abstract has been formally accepted to the Meeting.

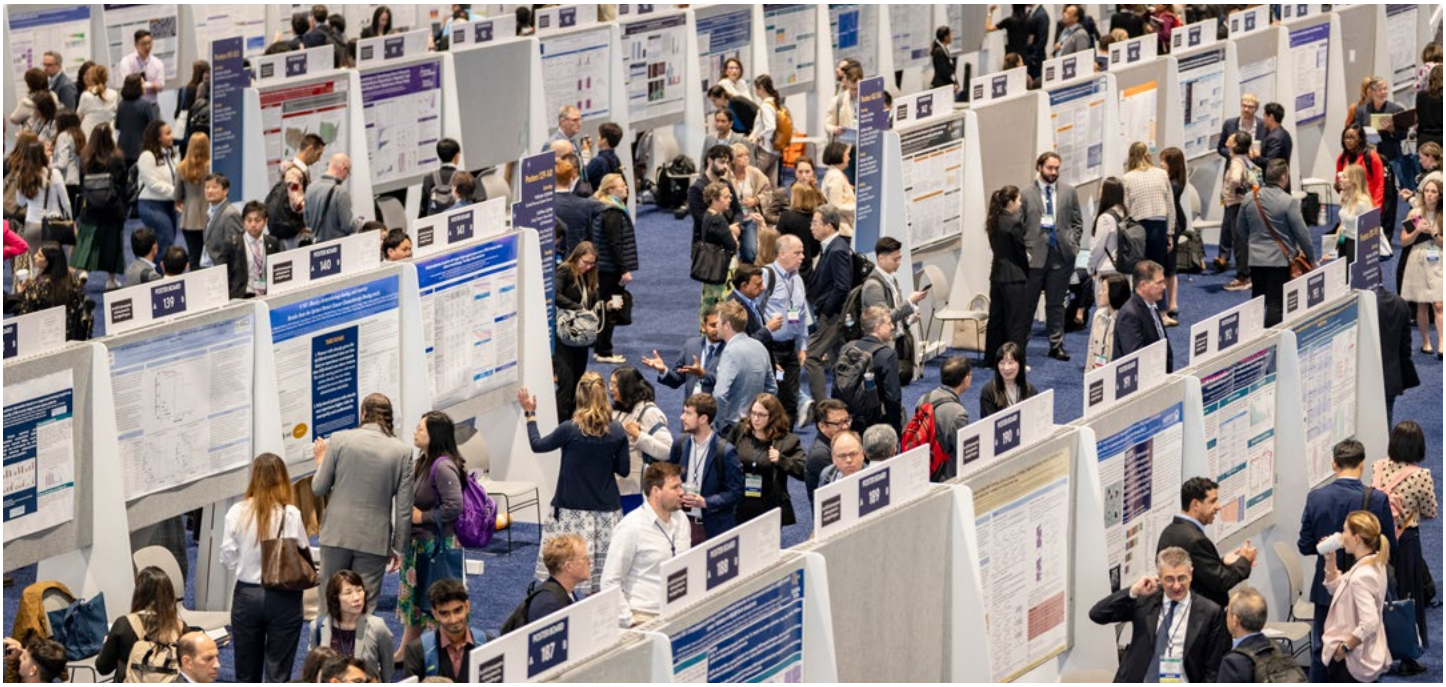
RESUBMISSION OF ASCO ABSTRACTS TO OTHER MEETINGS

The procedure for submission of abstracts that have been accepted by an ASCO Meeting to another meeting is governed primarily by the organizing body of that other meeting and secondarily is subject to ASCO’s copyright in that abstract. If the organizing body does accept previously published/ presented abstracts, then ASCO will allow authors to submit their abstracts to such organizing body subject to compliance with the guidelines below and in accordance with ASCO's Confidentiality and Embargo Policy. The abstract may not be published until after ASCO publishes the abstract nor may the meeting presentation take place until after presentation at the ASCO Meeting.

On submission of the abstract, authors must notify the organizers of the other meeting that the abstract was presented at an ASCO Meeting, and that ASCO holds the copyright to the abstract.

A credit line must be published with the re-publication of the abstract as follows: “© [YEAR OF MEETING] American Society of Clinical Oncology, Inc. Reused with permission. This abstract was accepted and previously presented at the [YEAR AND NAME OF MEETING]. All rights reserved.”

For additional information on ASCO copyright and approvals for reuse, please email our permissions department at **permissions@asco.org**.



asco.org/am-abstract-policies

Abstract Review and Selection Process

All abstracts are reviewed and discussed by the ASCO Scientific Program Committee by blinded review. Additionally, in advance of reviewing all submitted abstracts, all members of the committee receive training on mitigating biases when conducting scientific peer review.

Abstracts of superior quality will be selected for presentation at the Annual Meeting and for publication in the *2026 ASCO Annual Meeting Abstracts,* an online supplement to the *Journal of Clinical Oncology.*

Regular Abstracts and Late-Breaking Abstracts

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 Abstracts

Abstracts are considered for poster presentation 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 the 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 will receive an email acknowledging receipt of the abstract after initiating a submission and after completing a submission. The first author will receive a letter of notification from the Scientific Program Committee regarding its decision by March 27, 2026.

Abstract Corrections and Withdrawals

The deadline to submit an abstract is January 27, 2026. All steps must be complete by the deadline, including adding all authors and their disclosure information. The designated submitter or the first author may view and modify their abstracts before the submission deadline. Your ASCO username and password are required to log in and edit the submission.

Corrections

To protect the integrity of the abstract review process, updates to data are not accepted after the submission deadline.

Changes to correct typos or errors will be considered but must be submitted by the first author via email to **abstracts@asco.org** by April 5, 2026.

After April 5, and up to six weeks after the meeting concludes, only corrections for major errors will be considered. Approved abstract changes may result in a formal erratum published in the *Journal of Clinical Oncology*. All requests must be submitted by the first author. Requests from coauthors, pharmaceutical companies, or medical communication companies will not be accepted.

Withdrawals

Requests to withdraw an abstract from publication will be accepted through April 5. Requests received after this date will be reviewed on a case-by-case basis. All withdrawal requests must be made by the first author via email to **abstracts@asco.org**.

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Merit Awards

Based on funding availability, Merit Awards will be awarded to students, fellows, and 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 an award stipend, 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

- Be the first author on the abstract submission and agree to present the abstract if selected for presentation at the Meeting.
- Be enrolled in a fellowship/residency/advanced degree training program or in a medical or doctoral degree program at the time of abstract submission.
- Provide a letter from their training program director or faculty advisor confirming the candidate is enrolled in the training program at the time of submission.
- Provide a curriculum vitae.

asco.org/am-abstracts-associated-awards