Call for Abstracts & Late Breaking Abstracts  
EACR 2024 Congress

Abstract submission deadline: 04 March 2024

Abstracts can only be submitted online.

Abstract Regulations

With the submission of an abstract to the EACR 2024 Congress, the first author (presenting author):

- Accepts responsibility for the accuracy of the submitted abstract.
- Confirms that all authors are aware of and agree to the content of the abstract and support the data presented.
- Warrants that the data and conclusions presented in the abstract have not been published in the same format and with the same title prior to the date of the congress.
- Identifies any financial interest in products or processes described in the abstract. This information is to be forwarded to the Scientific Committee together with the abstract.
- States that, for studies involving human or animal subjects, permission has been obtained from the relevant regulatory authority and properly informed consent given where appropriate.
- Gives permission for the abstract, when selected for presentation (oral or poster), to be published in an online supplement to the journal Molecular Oncology, and by the EACR on the Congress website and through the Congress app.
- Submitted abstracts cannot be withdrawn after 03 May 2024.

Abstract Format

In order to be considered, an abstract should respect the following guidelines:

- The abstract must be submitted in good English. The Scientific Committee reserves the right to reject those abstracts which are presented in poor English, or may request an immediate revision by the presenter.
- Abstract titles should be brief and should reflect the content of the abstract.
- Commercial names may not be used in the abstract title.
- No more than 10 authors can be listed. Only institutional affiliations, cities and countries should follow.
• Abstracts should be organised under the headings:
  § Introduction
  § Material and method
  § Results and discussion
  § Conclusion
• The online abstract submission procedure will not accept abstracts that exceed 2,500 characters (body of the abstract)
• Abbreviations may be used if standard or if spelled out and defined at the first use. Compounds should be mentioned with the generic name, in lower case. Commercial names are admitted in the text, with an ®, and if in brackets following the generic name, i.e. “generic (Commercial ®)”.
• Supplementary data or appendices will not be accepted.
• Figures or photographs are not allowed. Symbols and structures of drugs are allowed and should be drawn in black and converted to images and inserted as images.

Only the submitting author will receive a confirmation/abstract number by email from the EACR 2024 Customer Service Team within 48 hours of submission. This confirmation of abstract receipt is NOT a notice of acceptance to present at the congress.

For questions regarding the online submission process, please contact our support team via:
  eacr@newway-management.com

Abstract Selection Process

The Scientific Committee will make the selection of abstracts for oral and poster presentations by 08 April 2024. The presenting author will receive an email with the result of the review and the Scientific Committee’s decision on the abstract no later than 08 April 2024. Depending on the selection of presentation format by the committee further instructions on how to prepare posters, or presentation to at Congress will be provided.
If a selected author cannot present, the presenting author should assign a replacement presenter to present the abstract.

The following presentation formats are applicable for EACR 2024 Congress:
1. Oral presentation: the abstract is selected for oral presentation in a main Congress symposium
2. Poster: abstracts that have been selected for presentation in a poster format. Posters are grouped by (main) topic and displayed during specific Poster Sessions. A formal Poster Defence Session will be scheduled.
3. Poster in the Spotlight session: in addition to a poster presentation as above a 5 minutes presentation is given at a set time in the dedicated moderated Posters in the Spotlight Session in the Spotlight Area located in the poster & exhibition area.
4. Late Breaking Abstract: such abstracts will be considered for presentation as a late-breaking oral presentation in one of the symposia or as a poster.
Please note that if the abstract is accepted for oral or poster presentation, the abstract will only be published in the Congress Abstract Publications, if one of the authors is a registered participant to EACR 2024 Congress and full payment has been received by the advised deadline.

If Congress registration has not occurred, the Abstract will not be included in the publications or visible on the Congress Abstract Publications nor will a poster board be made available.

Abstract Submission

Abstract submission procedure
Abstracts must be submitted online by not later than 04 March 2024, via the EACR 2024 Congress website.

Please follow the instructions on the screen.

Please note:
- When finished with the online submission, please click the “FINAL SUBMISSION” button for the final submission of the abstract. As a confirmation of your submission, a message will appear on the screen informing you the abstract has been successfully submitted to our database.
- If you need to edit your abstract at a later stage please click “SAVE AND CLOSE”. This button allows you to update your abstract before final submission.
- After clicking “SAVE AND CLOSE”, your abstract is NOT yet submitted. You need to return to the abstract submission page, finalise your abstract and click “FINAL SUBMISSION”. If you have not FINAL SUBMITTED your abstract by the deadline of 04 March 2024 your abstract cannot be accepted.
- Within 24 hours of submission, only the presenting author will receive a confirmation by email. This confirmation of abstract submission does not mean your abstract has been selected for presentation.
- If you do not receive any confirmation, please contact eacr@newway-management.com.
- Submitting an abstract for EACR 2024 Congress does not constitute registration for the Congress. Abstract presenters must register to attend EACR 2024 by following the instructions for registration on the EACR 2024 website.

For questions regarding the online submission process, please contact: eacr@newway-management.com

Only abstracts submitted online can be accepted.
Abstracts submitted on paper or as email attachment will not be considered.
EACR 2024 – Late-Breaking Abstracts

To continue to strengthen the EACR Annual Congress with the best new data in clinical, basic and translational cancer research, the EACR has introduced a special policy for the submission of late-breaking abstracts.

Late-breaking abstracts are those for which full data are not available at the time of the regular abstract deadline of 04 March 2024. Such abstracts will be considered for presentation as a late-breaking oral presentation in one of the symposia or as a poster. Submission of a late-breaking abstract does not guarantee acceptance for presentation.

- The work must not have been previously published in a peer reviewed scientific journal or presented at a national or international meeting.

All late-breaking abstracts must be submitted online. To be eligible for consideration, the following guidelines must be strictly followed:

1. An abbreviated or placeholder abstract must be submitted online by the regular abstract deadline of 04 March 2024. NB: Late-breaking abstracts will not be accepted unless a placeholder has been submitted.

2. Abbreviated/Placeholder abstracts should be organised in the same format as regular abstracts. For full details please see here.

3. Completed abstracts including all data, that is, full results, analysis and conclusions, must be submitted online by the final late-breaking abstract deadline of 10 May 2024. Late breaking submission will re-open on 29 April 2024 to complete placeholder abstracts.

Late-breaking abstracts must follow the general abstract submission guidelines and regulations, as well as the specific guidelines listed above.

Authors should note in particular that:

- On behalf of each co-author, corresponding authors must disclose financial or other interests in the work they intend to present or to confirm that no such relationship exists. This information is to be included within the abstract.

- For studies involving human or animal subjects, a statement must be made to confirm that permission has been obtained from the relevant regulatory authority and properly informed consent given where appropriate.
• Abbreviations may be used if standard or if spelled out and defined at the first use. Compounds should be mentioned with the generic name, in lower case. Commercial names are admitted in the text, with an ®, and if in brackets following the generic name, i.e. “generic (Commercial ®)”.

• Supplementary data or appendices will not be accepted.

• Figures or photographs are not permitted. Symbols and structures of drugs are allowed and should be drawn in black and converted to images and inserted as images.

• The length of late-breaking abstracts may not exceed 2,500 characters. Spaces are not counted against the limit, but a table will count as 800 characters against the limit.

Only the submitting author will receive a confirmation/abstract number by email from the EACR 2024 Customer Service Team within 24 hours of submission. This confirmation of abstract receipt is NOT a notice of acceptance to present at the congress.

Clinical Trial Data

Abstracts that include clinical trial data should include the following information in the body of the abstract:

    Trial abbreviation, Trial Registry Number or ID background, Objective, Design, Population studied (including sample size), intervention, Outcome measure (s), analysis, Trial status, Trial sponsor(s)

Data from the long-term follow-up of previously presented clinical trials may be submitted only if significant new information can be shown. In this case, please ask for consideration by email before submitting your late breaking abstract.

Interim analysis of a prospective randomized clinical trial will be considered only if it is performed as planned in the original protocol and is statistically valid. If your abstract involves interim analysis, explain the details of your study in the body of the abstract.

Selection

• The final decision for late-breaking abstracts will be taken by 14 May 2024. Abstracts will be judged solely on the data submitted. The first (presenting) author will receive confirmation of acceptance or rejection by 16 May 2024.

For questions regarding the online submission process, please contact our support team via: eacr@newway-management.com
Topics for Abstract Submission

1. CANCER CELL BIOLOGY
   - Cell Proliferation/Cell Cycle
   - Cell Death / Autophagy
   - Oncogenes and Tumour Suppressor Genes
   - Metastases and EMT
   - Aging and Cancer
   - Senescence
   - Cancer Cell Metabolism
   - Cancer Initiating Cells / Cancer Stem Cells

2. CANCER GENOMICS
   - Genomic Alterations in Cancer
   - Functional Genomics
   - Genomic profiling of Tumours
   - Large-scale Approaches to Cancer Gene Discovery
   - Spatial and 3D Analysis of Tumours
   - oGenomes and Transcriptomes of Cancer at Single Cell Level

3. EPIGENETICS
   - DNA Methylation
   - Epigenetic changes as Molecular Markers of Cancer
   - Epigenomics
   - Histone Modification
   - Epigenetic Mechanisms and Gene Silencing
   - Chromatin Structure and Function

4. BIOINFORMATICS AND COMPUTATIONAL BIOLOGY
   - Application of Bioinformatics to Cancer Biology
   - Artificial Intelligence and Machine Learning
   - New Algorithms and new Software for Data Analysis
   - Mathematical Modeling and Statistical Methods
   - Molecular Modeling
   - Database Resources and Network Biology
   - Omics Technologies
   - Digital Clinical Trials

5. TUMOUR EVOLUTION AND HETEROGENEITY
   - Causes and Consequences of Tumour Heterogeneity
   - Methods to measure Tumour Evolution and Heterogeneity
   - Drug Resistance and Clonal Evolution
6. **DRUG RESISTANCE**
   - Novel Mechanisms
   - Regulation of Gene Expression in Drug Resistance
   - Reversal of Drug Resistance
   - Drug Transport and Metabolism
   - Resistance to Immune Checkpoint Blockade and other Immune based Therapies

7. **BIOMARKERS IN TISSUE AND BLOOD**
   - Liquid Biopsies: Circulating DNA
   - Liquid Biopsies: Circulating Tumour Cells
   - Diagnostic Biomarkers
   - Prognostic Biomarkers
   - Biomarkers Predictive of Therapeutic Benefit
   - Early Detection Biomarkers

8. **SIGNALING PATHWAYS**
   - Receptors and Signal Transduction
   - Gene Expression, Transcriptional Regulation
   - Systems Biology
   - Intracellular Networks
   - Computational Models of Biological Systems

9. **CARCINOGENESIS**
   - Mutagenesis, Carcinogen Metabolism
   - Promotion and Progression
   - DNA Damage and Repair
   - Viral Oncogenesis

10. **TRANSLATIONAL RESEARCH**
    - Organ Site-Specific Investigations: Preclinical, Diagnosis, Treatment
    - Molecular Pathology
    - Imaging
    - Clinical Phase I/II trials with Targeted Drugs and Novel Agents
    - Bioinformatics in Therapies and Clinical Trials
    - Infrastructures (Biobanks, Databases, Genomic Resources, others)
    - Nanotechnologies in Cancer Research

11. **EXPERIMENTAL / MOLECULAR THERAPEUTICS, PHARMACOGENOMICS**
    - Drug Discovery / Drug Design
    - Novel Targets, Delivery Systems
    - Mechanisms of Drug Action, Drug Profiling
    - New Therapies
    - Pharmacogenetics and Therapeutic Response
    - Pharmacogenomics
    - Pharmacokinetics
    - Precision Medicine
    - Target Degradation
12. TUMOUR IMMUNOLOGY
- Tumour Immunology
- Immune Suppression and Escape
- Tumour Antigens and Immune Effectors
- Oncogenic Pathway-mediated Deregulation of Tumour Immunity
- Antigen Processing and Presentation
- Microbiome and Cancer

13. IMMUNOTHERAPY
- Adoptive Cell Therapy
- Immune Response to Therapies
- Immunomodulatory Agents and Interventions
- Therapeutic Antibodies, including Engineered Antibodies
- Vaccines
- Immune Checkpoints
- Immune Mechanisms invoked by other Therapies including CARs

14. RADIOBIOLOGY / RADIATION ONCOLOGY
- Tumour Cell Sensitisation to Radiotherapy
- Radiation-activated Signaling Pathways
- Cell Cycle and Apoptosis in Radiation Responses
- Radiation Oncology; Preclinical and Clinical
- Translational Radiation Research

15. MOLECULAR AND GENETIC EPIDEMIOLOGY
- Risk Factors
- Risk Assessment
- Susceptibility Genes
- Genotype / Phenotype Correlations
- Genetic Polymorphisms and Cancer Susceptibility
- Epidemiology

16. PREVENTION and EARLY DETECTION
- Preclinical Prevention Studies, Markers and Prevention
- Clinical Prevention Studies
- Vaccination Against Cancer
- Risk Factors: Heritable and Lifestyle related Risk Factors

17. TUMOUR BIOLOGY
- Animal Models of Cancer
- Genetic and Genomic Instability
- Tumour Progression: Invasion and Metastasis
- Tumour Microenvironment
- Tumour Angiogenesis
- Tumour Inflammation
- RNA Biology in Cancer (splicing, noncoding RNAs, RNA modifications) and Therapy Response
Cell Competition
Tumour Dormancy and Persister Cells