soho 2024 ANNUAL MEETING

Society of Hematologic Oncology

SEPTEMBER 4-7, 2024

TWELFTH ANNUAL MEETING

Abstract

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. SOHO does accept encore abstracts.

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.

Submission of isolated case reports and hypotheses unsupported by data is discouraged. *SOHO 2024* 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 2024* Online Submission page at **www.soho.click/abstract. 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, 2024**. After this date you are unable to submit or withdraw abstracts.

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 2024 meeting includes **oral presentations** for a select group of outstanding submissions. Works deemed exceptional in the original review will be considered.

Awards

Those invited to deliver oral presentations also qualify for "best poster" awards.

Eight awards will be offered for the best posters: $1,500 each for the top 3 and $750 each for the next 5. In addition, all abstracts accepted for poster presentation will receive a complimentary full registration.

Contact Information

The following information is required to submit an abstract. 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 2024* regarding the status of the abstract, instructions regarding Poster presentation, and the option to publish a full paper in *Clinical Lymphoma, Myeloma, and Leukemia*.

Disease 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
- Aggressive B-Cell Lymphoma
- Indolent B-Cell Lymphoma
- Mantle Cell Lymphoma
- T-Cell Lymphoma
- Myelodysplastic Neoplasms
- Myeloproliferative Neoplasms
- Multiple Myeloma

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 in determining the applicability of the report to other circumstances, for example, a 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 number 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 the 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 the 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 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.

General Submission Guidelines

The submitted abstracts or clinical cases should fully adhere to the guidelines.

1. Abstracts or clinical cases should be submitted in clear (American) English to allow the reviewers to focus on the scientific content of the abstract/clinical case. Non-English-speaking authors are encouraged to have their abstract/clinical case checked for grammar and spelling.
2. SOHO will assume all presenting authors have proficiency in English and thus can present and respond to questions.
3. In clinical studies, please state whether informed consent was obtained.
4. The title and text may **not** contain trade names.
5. If off-label use of drugs was involved, please state this clearly.
6. ***Withdrawal policy:*** If authors wish to withdraw their abstracts/clinical cases from presentation or publication they are requested to send a letter via e-mail to SOHO at admin@isoho.org **before June 1, 2024** (23:59 CST). Consequently, the abstract/clinical case will not be presented nor published.
7. The Scientific Committee encourages the submission of original scientific material unpublished at the time of the abstract/clinical submission deadline:
8. Abstracts/clinical cases submitted to regional or national hematology meetings can be submitted to SOHO for inclusion in the program.
9. Abstracts/clinical cases submitted to large international meetings which are organized in the same period as the SOHO Annual Meeting (September - November) are allowed to be submitted to the meeting.
10. Abstracts/clinical cases submitted to other large international meetings may also be submitted providing a clear indication of significant novel or updated information included in the appropriate abstract/clinical case submission field.
11. Please do not submit the same study in multiple abstracts/clinical cases. Abstracts/clinical cases that appear as more than one version of a single study will be rejected.
12. Similarly, abstracts/clinical cases or (close) copies, may not be submitted under more than 1 topic.
13. **Frequently Asked Questions Abstracts**

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**. An example abstract structure is included in **Attachment I**

Timelines

January 15, 2024	**Submission Process Opens**
June 1, 2024	**Submission Deadline (11:59 PM CST)**
July 15, 2024	**Notification of abstract status**

Review, Selection, and Publication

- All submitted abstracts/clinical cases will be reviewed by the SOHO Scientific Program Committee.
- Abstracts/clinical cases may be selected for
  - oral presentation
  - poster presentation
  - Oral and Poster presentation
  - rejection
- The submitting author will receive confirmation of acceptance for oral presentation, poster presentation, or a notice of rejection, by e-mail on or before **July 15, 2024.**
- Oral and poster presenters will be informed about the date and time of the session and will receive guidelines for their presentation.
- The Presenting author will be given complimentary registration. Details on how to register will be given at the time of the notice to the author.
- The poster session will be held on Wednesday, September 4th, 2024. All those accepted for a poster presentation are required to be in attendance during the poster session.

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: Sample Abstract Format

New Regimen in Lymphoma ← Title: Bold Title

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

[1]Institute, City, State, Country; [2]Institute, City, State, Country; … ← *List institution information on the next line. Reference each author's institution with a superscript numeral.*

KEYWORDS: lymphoma, combination therapy, CHOP, etc...

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 in determining the applicability of the report to other circumstances, for example, a 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 number 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 the 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.

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 acknowledgments for your research (i.e., NIH-AI 310023). ← *Grant funding recognition*

- ✓ ***No tables, figures, graphs, or images are allowed in the abstract submission.***
- ✓ ***Max word count is 350 words.***
- ✓ ***Submit your abstract at www.soho.click/abstract***