

2017 PTCOG NA Conference

Abstract Submission Form

Deadline is June 14, 2017



Submitter's Name _____

Submitter's Email _____

Abstract Title

Please follow instructions carefully.

- **Do not use TRADE NAMES OR INSTITUTIONS in the title or body of the abstract. The review process is blinded, and this will prevent any bias from the reviewers. PTCOG NA reserves the right to edit and/or replace proprietary names with generic names.** Failure to comply with this guideline may result in withdrawal of your abstract.
- The title must be brief and should be entered in title case; we will automatically bold whatever title you submit.
- DO NOT use quotation marks or end with a period.
- Example of properly formatted title:
High Dose Proton GRID Therapy and its Impact on Immune Mediated Responses

Preferred Presentation Type

While every effort will be made to honor your request, the PTCOG NA scientific committee reserves the right to assign the presentation format. The abstract reviewers will not be aware of your preference during the grading process.

Oral Only

Poster Only

No Preference

Presenting Author

**Indicates required fields*

First Name* _____ MI _____ Last Name* _____

Degree

Please enter all of the degrees that you currently hold (Bachelor's, Master's, Doctoral degree [PhD, ScD, etc.], MD/DO)

Title*

Please enter your current profession (Physicist, RadOnc, Dosimetrist, Resident, Rad Therapist, Physician Assistant, Nurse Practitioner, Nurse, Practice Manager/Administrator, Research Trainee, Other [specify])

Email Address* _____

Organization* _____

(Author #2)

First Name* _____ MI _____ Last Name* _____

Degree

Please enter all of the degrees that you currently hold (Bachelor's, Master's, Doctoral degree [PhD, ScD, etc.], MD/DO)

Title*

Please enter your current profession (Physicist, RadOnc, Dosimetrist, Resident, Rad Therapist, Physician Assistant, Nurse Practitioner, Nurse, Practice Manager/Administrator, Research Trainee, Other [specify])

Email Address* _____

Organization* _____

(Author #3)

First Name* _____ MI _____ Last Name* _____

Degree

Please enter all of the degrees that you currently hold (Bachelor's, Master's, Doctoral degree [PhD, ScD, etc.], MD/DO)

Title*

Please enter your current profession (Physicist, RadOnc, Dosimetrist, Resident, Rad Therapist, Physician Assistant, Nurse Practitioner, Nurse, Practice Manager/Administrator, Research Trainee, Other [specify])

Email Address* _____

Organization* _____

(Author #4)

First Name* _____ MI _____ Last Name* _____

Degree

Please enter all of the degrees that you currently hold (Bachelor's, Master's, Doctoral degree [PhD, ScD, etc.], MD/DO)

Title*

Please enter your current profession (Physicist, RadOnc, Dosimetrist, Resident, Rad Therapist, Physician Assistant, Nurse Practitioner, Nurse, Practice Manager/Administrator, Research Trainee, Other [specify])

Email Address* _____

Organization* _____

(Author #5)

First Name* _____ MI _____ Last Name* _____

Degree

Please enter all of the degrees that you currently hold (Bachelor's, Master's, Doctoral degree [PhD, ScD, etc.], MD/DO)

Title*

Please enter your current profession (Physicist, RadOnc, Dosimetrist, Resident, Rad Therapist, Physician Assistant, Nurse Practitioner, Nurse, Practice Manager/Administrator, Research Trainee, Other [specify])

Email Address* _____

Organization* _____

(Author #6)

First Name* _____ MI _____ Last Name* _____

Degree

Please enter all of the degrees that you currently hold (Bachelor's, Master's, Doctoral degree [PhD, ScD, etc.], MD/DO)

Title*

Please enter your current profession (Physicist, RadOnc, Dosimetrist, Resident, Rad Therapist, Physician Assistant, Nurse Practitioner, Nurse, Practice Manager/Administrator, Research Trainee, Other [specify])

Email Address* _____

Organization* _____

(Author #7)

First Name* _____ MI _____ Last Name* _____

Degree

Please enter all of the degrees that you currently hold (Bachelor's, Master's, Doctoral degree [PhD, ScD, etc.], MD/DO)

Title*

Please enter your current profession (Physicist, RadOnc, Dosimetrist, Resident, Rad Therapist, Physician Assistant, Nurse Practitioner, Nurse, Practice Manager/Administrator, Research Trainee, Other [specify])

Email Address* _____

Organization* _____

(Author #8)

First Name* _____ MI _____ Last Name* _____

Degree

Please enter all of the degrees that you currently hold (Bachelor's, Master's, Doctoral degree [PhD, ScD, etc.], MD/DO)

Title*

Please enter your current profession (Physicist, RadOnc, Dosimetrist, Resident, Rad Therapist, Physician Assistant, Nurse Practitioner, Nurse, Practice Manager/Administrator, Research Trainee, Other [specify])

Email Address* _____

Organization* _____

(Author #9)

First Name* _____ MI _____ Last Name* _____

Degree

Please enter all of the degrees that you currently hold (Bachelor's, Master's, Doctoral degree [PhD, ScD, etc.], MD/DO)

Title*

Please enter your current profession (Physicist, RadOnc, Dosimetrist, Resident, Rad Therapist, Physician Assistant, Nurse Practitioner, Nurse, Practice Manager/Administrator, Research Trainee, Other [specify])

Email Address* _____

Organization* _____

(Author #10)

First Name* _____ MI _____ Last Name* _____

Degree

Please enter all of the degrees that you currently hold (Bachelor's, Master's, Doctoral degree [PhD, ScD, etc.], MD/DO)

Title*

Please enter your current profession (Physicist, RadOnc, Dosimetrist, Resident, Rad Therapist, Physician Assistant, Nurse Practitioner, Nurse, Practice Manager/Administrator, Research Trainee, Other [specify])

Email Address* _____

Organization* _____

Previously Published

Previously published or presented material may be submitted for the 2017 PTCOG NA Conference.

Disclosure Policy

Disclosure information will be required for any accepted abstracts and will be sent with acceptance notifications.

Abstract Text Guidelines

- Enter your abstract in the field below.
- Your abstract should not exceed **350 words**.
- Do not use TRADE NAMES OR INSTITUTIONS in the title or body of the abstract. The review process is blinded, and this will prevent any bias from the reviewers. PTCOG NA reserves the right to edit and/or replace proprietary names with generic names. Failure to comply with this guideline may result in withdrawal of your abstract.

Select Abstract Categories

Select applicable abstract category below

Clinical

CLINICAL ABSTRACT CATEGORIES

Breast

CNS/Base of Skull/Eye

Gastrointestinal

Genitourinary

Head & Neck

Lung

Pediatric

Sarcoma/Lymphoma

Unexpected Outcomes

Other

Physics

PHYSICS ABSTRACT CATEGORIES

Absolute and Relative Dosimetry

Accepting and Commissioning New Facilities

Adaptive Therapy

Beam Delivery and Nozzle Design

Dose Calculation and Optimization

Image Guidance and IGPT

Quality Assurance

Monitoring and Modeling Motion

Range Uncertainty

Treatment Planning

4D Treatment and Delivery

Other

Radiation Biology

RADIATION BIOLOGY ABSTRACT CATEGORIES

4D Treatment and Delivery

Biological Treatment Planning

Biological Optimization

Biomarker

Models

Molecular Imaging

Relative Biological Effectiveness

Other

Tables and Graphs

- Abstracts may contain one table or figure file (i.e. image, illustration) if it will improve the data.
- The table must be created using the Table Tool in a WORD processing program and upload it as a separate attachment along with this completed "Abstract Submission" form.
- Preferable to receive figure in PDF format; if figure is in a jpg, tif or png format, file must be 10MB or less.
- No zip files will be accepted at this email address AbstractsPTCOGNA@nm.org

Submission Process

- Please complete this PDF and "save as" on your computer.
- Send an email to AbstractsPTCOGNA@nm.org attaching the completed "Abstract Submission" PDF and any applicable figure table/files.
- **Deadline to submit your abstract is June 14, 2017.**