

## NEURO/ONCOLOGY CME MEETING

### E-POSTERS, NEURO/ONC RESEARCH, CHALLENGING CASE ABSTRACTS

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**Overview:** As part of the **2018 Neuroscience and Oncology Innovation Summit** course, an e-Poster session for presentation of original research and challenging cases dedicated to the fields of Neuroscience, Neuro-Oncology, and Oncology will be held at this meeting. ePosters are submitted a 300 word abstracts and can be submitted in the following formats:

- **Neuro/Oncology research:** The conference will also review randomized trials, outcome studies, potential practice innovations, basic and translational research, as well as health economics of neuro/oncology patient care. Also research into systems-based practice innovation or improvements will be reviewed for acceptance.
- **Challenging Neuro/Oncology and Oncology Cases.** These may include challenging clinical cases encountered in practice (ie., case reports) of those encountered in clinical practice.

**Format for Presentation:** Accepted ePosters and Abstract recipients will be emailed notification of their acceptance and a Powerpoint template (ePoster) will be used for them to populate similar to a physical poster. A large LCD screen (about the size of a 4x6 posterboard) will be used for the presenter to present their research or case in about 5-6minutes followed by audience Q&A.

**Deadline:** Abstract submission deadline is **Monday, August 20, 2018**

**Acceptance:** Accepted abstract recipients will be chosen from all abstracts received by the **Monday, August 20, 2018**, submission deadline. Notification of acceptance can occur within 1-2 weeks of submission prior to this deadline and no later than 1 week after this deadline.

**Registration Process:** Acceptance abstracts/ePosters recipients **must** still register for the meeting via the following website. <https://ce.mayo.edu/nois2018>

**Abstract Eligibility:** Original abstracts that either have or have not been presented at other meetings will be considered for the conference. Abstracts based upon published papers will also be considered.

**Number of Entries:** A participant may be the primary author on no more than two abstracts/ePosters; however, he or she may be a contributing author on any number of abstracts.

**Notification of Results:** Accepted abstracts will be notified by email. All primary authors will be notified by email no later than **2 weeks of their submission**, if their submission has been selected for the poster session, and details regarding poster set-up will follow. Accepted abstract recipients must still register for the meeting to attend.

**Printing of Abstracts:** Abstracts chosen for presentation will be printed in the course syllabus.

**Description of Submission format:** (no more than 300 words are allowed for the text within the Introduction, Methods, Results and Conclusion).

Suggested format is provided below.

**Introduction (or Objective, Hypothesis):**

**Methods (Case report or series etc):**

**Results:**

**Conclusion:**

**Inquiries:** For further information, contact Valerie Fernandez at [flacmeabstracts@mayo.edu](mailto:flacmeabstracts@mayo.edu)

## ***Abstract Form***

**Mayo Clinic Neuroscience and Oncology Innovation Summit**  
**October 18-20, 2018**

Please **type** the following information. Duplicate this form for multiple abstract submissions.

Name of Primary Author \_\_\_\_\_

Institutional Affiliation \_\_\_\_\_ Credentials \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email Address: \_\_\_\_\_

*This email address will be used for acceptance notification.*

### **Abstract Format Instructions:**

1. Type abstract in the area provided below.
2. Type all abstracts in English.
3. Leave one character space (two mm) between the margins and text material.
4. Use 10-point Times New Roman font.
5. Type the title of the abstract in bold, uppercase letters. Do not use abbreviations in the title.
6. Using italics, list the names of all authors (place an asterisk next to the primary author) and the institution, city and state where the work was done.
7. Leave space (one line) after the list of authors and begin typing the main body of the abstract.
8. Indent the first line of the main body of the abstract three spaces.
9. Type single-spaced..3
10. Submit abstracts and forward inquiries to: [flacmeabstracts@mayo.edu](mailto:flacmeabstracts@mayo.edu)
11. The deadline for submission of abstracts is **Monday, August 20<sup>th</sup>, 2018**

**TYPE ABSTRACT IN THE SPACE BELOW:**

## Transfer of Copyright

I agree to transfer copyright of my submission, **Neuroscience and Oncology Innovation Summit**, to Mayo Foundation for Medical Education and Research.

By signing this agreement, I certify that the work contained in this submission is original to me or that I have obtained permission for any portion borrowed from previously published material. I understand that written confirmation of permission to reuse previously published material should be submitted with the work.

My signature also indicates the understanding that I am responsible for obtaining permission required for identifiable persons pictured in illustrations and that signed declarations of permission should be submitted with the work.

I understand that I may reuse my work without fee by requesting permission from Mayo Foundation for Medical Education and Research, provided I indicate its original use and its copyright status in a credit line.

Permission requests to reuse my work submitted to Mayo Foundation for Medical Education and Research should be directed to:

Permissions  
Scientific Publications  
Mayo Clinic  
200 First Street SW  
Rochester, MN 55905

I attest that the completed information is accurate.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Faculty and Provider Disclosure Form**  
**Mayo Clinic Continuing Professional Education**



Name:	Activity Date(s) : October 18-20, 2018
Activity Title: Neuroscience and Oncology Innovation Summit	
Presentation Title(s) / Topic(s): Abstract Presentations	

**Per ACCME requirements, persons who fail to disclose relevant financial relationships are not eligible to be involved with this activity.**

**#1: Disclosure of Relevant Financial Relationships -** Disclose only where the relationship is associated with the content of the activity. List the names of any entity producing, marketing, re-selling, or distributing health care goods or services, consumed by, or used on, patients; with which you or your spouse/partner have, or have had, a **relevant financial relationship** within the past 12 months.

With respect to this CE activity (check one):

- ☐ **No**, I do not have a relevant financial relationship.  
☐ **Yes**, I do have a relevant financial relationship. Provide information below:

Nature of Relevant Financial Relationship (choose all that apply)	Name of Company(s)
<input type="checkbox"/> Consultant	
<input type="checkbox"/> Speaker's Bureau	
<input type="checkbox"/> Grant/Research Support (Secondary Investigators need not disclose)	
<input type="checkbox"/> Stock Shareholder (self-managed)	
<input type="checkbox"/> Honoraria	
<input type="checkbox"/> Full-time/part-time Employee	
<input type="checkbox"/> Other (describe):	

**#2: Disclosure of Off-Label and/or Investigational Uses -** If, at any time, during my education activity I discuss an off-label/investigative (unapproved) use of a commercial product/device, I understand that I must provide disclosure of that intent.

- ☐ **No**, I do not intend to discuss an off-label/investigative use of a commercial product/device.  
☐ **Yes**, I do intend to discuss off-label/investigative uses(s) of the following commercial product(s)/device(s):

Manufacturer(s)/Provider(s):	Product(s)/Device(s):
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**#3: Presentation(s) Content: Faculty Responsibility**

- The Presenter warrants that nothing in their presentation is libelous or will infringe the rights of any third party. Presenter also warrants that for any third party materials incorporated into their presentation, they have obtained all necessary permission from the copyright owner of such material. Upon request Presenter agrees to furnish copies of said permission(s) to the Mayo Clinic CE provider. The Presenter is responsible for all fees, royalties, and other charges for the use of such materials. The Presenter, if not a Mayo Clinic employee, shall indemnify Mayo Clinic for all damages, costs and expenses, including attorneys' fees, incurred by Mayo Clinic as a result of a violation of this paragraph.
- CE must give a balanced view of therapeutic options. Use of generic drug names contributes to impartiality. Also, if your CE educational material or content includes trade names then trade names from several companies should be used where available, not just trade names from a single company.

☐ **I agree to the statements in #3.**

I attest that the information is accurate. Please accept this as my signature.

Name:	Date:
Return form to: <a href="mailto:flacmeabstracts@mayo.edu">flacmeabstracts@mayo.edu</a>	

**GLOSSARY OF TERMS**

**Commercial Interest**

The ACCME defines a "commercial interest" as any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.

**Financial Relationship**

Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected. ACCME considers relationships of the person involved in the CME activity to include financial relationships of a spouse/partner.

**Relevant Financial Relationship**

ACCME focuses on financial relationships with commercial interests in the 12-month period preceding the time that the individual is being asked to assume a role controlling content of the CME activity. ACCME has not set a minimal dollar amount for relationships to be significant. Inherent in any amount is the incentive to maintain or increase the value of the relationship. The ACCME defines "'relevant' financial relationships" as financial relationships in any amount occurring within the past 12 months that create a conflict of interest. **After you submit the completed disclosure form, it is your responsibility to inform the Mayo Clinic CE provider if the status of your financial relationship changes prior to your presentation.**

**Off-Label Use and/or Investigational Uses - FDA Statement**

Some drugs or medical devices demonstrated have not been cleared by the FDA or have been cleared by the FDA for specific purposes only. The FDA has stated that it is the responsibility of the physician to determine the FDA clearance status of each drug or medical device he or she wishes to use in clinical practice.

"Off-label" uses of a drug or medical device may be described in CE activities so long as the "off-label" use of the drug or medical device is also specifically disclosed (i.e. it must be disclosed that the FDA has not cleared the drug or device for the described purpose). Any drug or medical device is being used "off-label" if the described use is not set