

## ABSTRACTS

---

**Overview:** As part of the 29th Annual Mayo Clinic Hematology/Oncology Reviews course, the 20<sup>th</sup> Annual Fellows Research Poster Presentation session for presentation of original research dedicated to the field of hematology/oncology will be held at the meeting on August 1, 2019. Submitted abstracts may include ongoing clinical trials in hematology/oncology, outcome studies, quality improvement or practice innovations, and interesting or challenging case reports. Posters will be peer-reviewed. The submission deadline for abstracts is **May 24<sup>th</sup>, 2019**. At least one of the authors must attend the conference.

**Abstract Eligibility:** For the 20<sup>th</sup> Annual Fellows Poster Presentations, all abstracts will be reviewed based on their merit by a peer-reviewed process for acceptance at the course. The type of abstracts reviewed will include the following below:

**Deadline:** Abstract submission deadline is **Friday, May 24<sup>th</sup>, 2019**.

**Notification of Results:** All primary authors will be notified by Friday, June 7, 2019 if their submission has been selected for the poster session, and details regarding poster set-up will follow.

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

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

**\*Abstract presenters are required to attend the simulation education session on July 31<sup>st</sup> and the Hematology/Oncology Reviews course on August 1<sup>st</sup> – 3<sup>rd</sup>. Abstract presentations are conducted on August 1<sup>st</sup>. Program directors must agree to allow their fellows to travel for this purpose on these dates by signing below.**

**Abstract Presenter Signature:** \_\_\_\_\_

**Program Director Signature:** \_\_\_\_\_

Abstract Form - 29th Annual Mayo Clinic Hematology/Oncology Reviews 2019

July 31 – August 3, 2019

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. Abstract format should be in the following format-- first line Title, second line authors and affiliations, and subsequent lines as follows:
  - a. Introduction/Hypothesis:
  - b. Methods (e.g case series, trial or case report)
  - c. Results:
  - d. Conclusion:
4. Send as an e-mail attachment to: [flacmeabstracts@mayo.edu](mailto:flacmeabstracts@mayo.edu)
5. Sign and date the Transfer of Copyright form.
6. The deadline for submission of abstracts is **Friday, May 24<sup>th</sup>, 2018**.

**TYPE ABSTRACT HERE (Limit 250 Words):**

## Transfer of Copyright

I agree to transfer copyright of my submission, **29th Annual Mayo Clinic Hematology/Oncology Reviews 2019**, 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 & Copyright

## Mayo Clinic Continuing Professional Education

Form content not retained in medical record.  
**For local storage only.**

**Important:** Per the Accreditation Council for Continuing Medical Education (ACCME), persons who fail to complete this form are not eligible to be involved.

Name (First, Middle, Last)	Activity Date (mm-dd-yyyy) July 31-August 3, 2019
Activity Title 29th Annual Mayo Clinic Hematology & Oncology Reviews 2019	
Presentation Title(s)/Topic(s)	

### Disclosure of Relevant Financial Relationships

Disclose only where the relationship is associated with the content of the activity. List the names of proprietary entities producing, marketing, re-selling, or distributing health care goods or services, consumed by, or used on patients. With the exemption of non-profit or government organizations, and 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 (nor my spouse/partner) do not have a relevant financial relationship.  
☐ Yes, I (and/or my spouse/partner) do have a relevant financial relationship. Describe 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):	

### 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)
-----------------------------	----------------------

# Faculty and Provider Disclosure & Copyright (continued)

## Presentation(s) Content: Faculty Responsibility

- The Presenter/Faculty acknowledges that they are responsible for obtaining all necessary copyright permission(s) for any third party materials incorporated into their presentation. 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. If your CE educational material or content includes trade names; the trade names from several companies should be used where available, not just trade names from a single company.

☐ I have read the statements regarding Presentation(s) Content: Faculty Responsibility.

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

Name (First, Middle, Last)	Date (mm-dd-yyyy)
Return form to perdue.lauren@mayo.edu	

## 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 Mayo Clinic School of CPD 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 devices he or she wishes to use in clinical practice.

"Off-label" uses of a drug or medical device may be described in CME 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 forth on the product's approval label.

Mayo Clinic College of Medicine and Science complies with the requirements of the National Physician Payment Transparency Program OPEN PAYMENTS (Physician Payments Sunshine Act).