



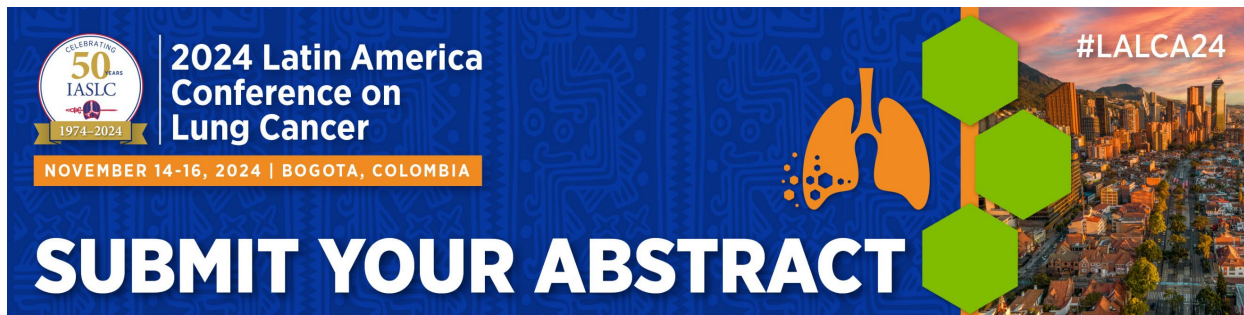
Abstract Timeline

May 7, 2024	Launch Abstract Submission System
July 10, 2024	Abstract Submission Deadline
August 5, 2024	Abstract Notifications
September 16, 2024	Early Registration Deadline

Abstract Submission Guidelines

Research work should be original and innovative. Work can be presented prior to the IASLC 2024 Latin America Conference on Lung Cancer meeting but **MUST** include new information/data.

Word Limit Abstract:	400 words in length (does not include title and authors)
Character Limit Title:	Must not exceed 20 words in length (space excluded)
Abstract Format:	Abstracts should be organized in different sections based on the selected abstract type.
Tables:	No limit, each table counts as 100 words
Images:	2 maximum, each image counts as 100 words
Format(s):	Upload tables, images and graphs in GIF, JPEG, JPG or PNG format of a minimum of 300 dpi and 100% size. Higher resolution is acceptable and preferred.
Abstracts must be structured with the following headings:	Background Methods Results Conclusion
Language:	English
Fee:	No submission fee



Submission Limit: No limit to the numbers of abstracts an author can submit

Number of co-authors: No limit

Encore Submission: An abstract that has previously been presented at another meeting will only be considered if there have been significant updates to the abstract. Submitters are required to list any previously presented abstracts in the introduction of the abstract.

Late-Breaking Abstract (LBA) Submission: LBA designation will only be given to impactful prospective studies that will change clinical practice within the year and whose data are not available at the time of regular abstract submission due to study events and/or timelines. Authors of LBA must submit a place holder abstract through the abstract portal by July 10, 2024

Required sections for LBA place holder, which must be submitted by the July 10, 2024 deadline:

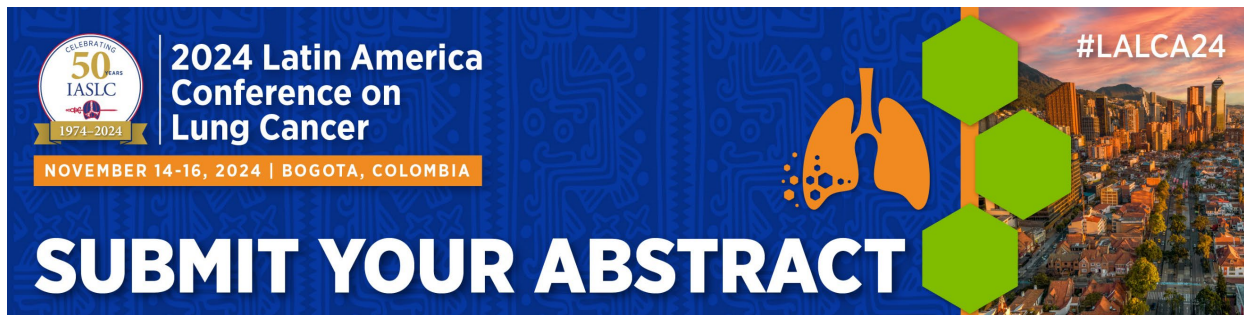
- Explanation of why the abstract qualifies as late-breaking
- Introduction
- Methods, including applicable endpoints
- Types of anticipated analysis and data to be reported

Trial in Progress: LALCA accepts the submissions of trials in progress.

Publication: Authors must agree to allow publication of accepted abstract(s) in the Journal of Thoracic Oncology (JTO) and the Conference website. Most abstracts will be published and released prior to the meeting, except for embargoed abstracts which will be posted on the day of presentation.

Topics/Tracks:

- Risk Factors, Risk Reduction & Tobacco Control
- Tumor Biology - Preclinical Biology
- Tumor Biology - Translational Biology
- Screening and Early Detection
- Pulmonology and Staging
- Pathology and Biomarkers
- Early-Stage Non-small Cell Lung Cancer
- Local-Regional Non-small Cell Lung Cancer
- Metastatic Non-small Cell Lung Cancer - Local Therapies
- Metastatic Non-small Cell Lung Cancer - Cytotoxic Therapy
- Metastatic Non-small Cell Lung Cancer - Immunotherapy
- Metastatic Non-small Cell Lung Cancer - Targeted Therapy
- Small Cell Lung Cancer and Neuroendocrine Tumors
- Mesothelioma, Thymoma, and Other Thoracic Tumors
- Multidisciplinary Care: Nursing, Allied Health and Palliative Care
- Patient Advocacy
- Global Health, Health Services, and Health Economics



Preview & Submit

- Please proofread your submission prior to submitting.
- Once an abstract is submitted it cannot be deleted, modified or corrected in the system after submission. All submitted abstracts will be published exactly as submitted
- Any abstracts in “Draft” status after the submission deadline has passed will not be considered for review. It is the abstract submitters responsibility to ensure that all abstracts you wish to be reviewed have been properly submitted.
- Should you need to withdraw a submitted abstract, please contact meetings@iaslc.org. Please include the abstract number and abstract title in your email.

Plagiarism Policy Definition

Plagiarism encompasses all of the following:

1. Direct: intentionally submitting another person’s words or ideas verbatim as one’s own;
2. Self-plagiarism: submitting work that has been previously published or presented;
3. Mosaic plagiarism: stringing together portions of text from other sources;
4. Lack of attribution: failing to appropriately identify and cite sources for language or ideas that are incorporated.

For more information see: Das N, Panjabi M. Plagiarism: Why is it such a big issue for medical writers? Perspect Clin Res. 2011;2(2):67-71. doi:10.4103/2229-3485.80370

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3121267/>

Screening: IASLC screens all abstracts using anti-plagiarism software. Abstracts identified as having high levels of plagiarized content will be evaluated by IASLC staff and appropriate actions taken. Penalties for plagiarism may include: Rejection of abstract, and/or author(s) banned from making presentations at IASLC conferences.

For inquiries, please contact meetings@iaslc.org