

Name/degree(s) _____ Date of birth _____

Current position(s) _____

Institutional affiliation(s) _____

Specialty (choose all that apply) Medical oncology Radiation oncology Radiation/imaging
 Surgical oncology Other _____

Group affiliation (choose all that apply) ECOG-ACRIN Cancer Research Group Alliance for Clinical Trials in Oncology
 NRG Oncology SWOG

Phone _____ Fax _____ Email _____

Abstract title _____

Abstract author(s) and affiliation(s) _____

Abstract text
The abstract must not exceed 2800 characters (approximately 400 words), including spaces.