

The committee has provided two versions of an abstract below. The first would be considered favourably by the reviewers, not so the second. Note the correct use of Title Case in the first one's heading and authoring, and the lack of detail and uncorrected spelling in the second.

EXAMPLE OF EXEMPLARY ABSTRACT

A randomized double blind study of Kryptonite (KN) versus Panaceam (P) for Metastatic SUPERficial Cancers

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Preclinical studies suggest that Kryptonite causes apoptosis in SUPERficial cancer cells. Phase I /II studies have established the maximum tolerated dose as 12.5 mg/m² q 3 weeks and suggested activity at doses above 10 mg/m². Panaceam is the standard therapy with recorded response rates of 20%. This study used simple randomization to allocate consenting patients (pts) with previously untreated metastatic SUPERficial cancers who had a performance status of ECOG 2 or less to being treated with KN 10 mg/m² IV q 3 w or P 3mg/m² IV q 3 w. Patients were treated until maximum response, evaluated weekly for toxicity and every 12 weeks for response when the QOL C-30 to measure quality of life was also administered. The 2 arms of the study were well matched for demographic characteristics and tumour characteristics. The median age was 61. The planned accrual target was reached with 223 pts on KN and 216 on P. Two patients in each group withdrew before treatment. At a median follow up of 18 months at which time > 70% on each arm had died there was no difference in survival (p=0.44, Hazard ratio 1.056, 95% CI 0.847- 1.317) The median time to progression was 4.7 months KN vs. 3.6 months P (p=0.44 HR 1.08, 95% CI 0.889-1.311). The response rates for KN 19.3% vs. 16.7% P (NS). There were no differences in the QOL scores between the drugs except for more vomiting on KN p=0.001 Odds ratio 2.11 (95% CI 1.35-3.28). There was less leucopenia and mucositis on KN (p

EXAMPLE OF ABSTRACT WHICH WOULD NOT MEET THE STANDARD REQUIRED FOR ACCEPTANCE

A Randomized Study Of Kryptonite (KN) Versus Panaceam (P) For Metastatic SUPERficial Cancers

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Metastatic SUPERficial cancers are difficult to treat and are uniformly fatal once they relapse after intial removal by surgery or present with metastatic cacner. We planned a study comparing Kryronite with Panaceam after initial reports of response to KN in early studies in metastatic SUPERficial cancer. Patients with metastatic SUPERficial cancer who had not previously had treatment were randomly allocated to receive KN 10 mg/m² IV q 3 w or P 3mg/m² IV q 3 w. Accrual to the study has been slow because of competing protocols. We report the first 100 patients who were treated. The mean age is 61 and there were 55 males and 45 females. The patients on the KN arm had a response of 19.8% versus only 12.7% on P which is trending towards statistical significance. Not enough patients have died to compare survivals or time to progression on KN and P. Both drugs were relatively well tolerated and were given as outpatient therapy. Patients on KN had less grade 3 and 4 side effects, particularly less bone marrow suppression and mouth ulcers. Quality of life data is being recorded using the QOL C-30. This study shows promising results for KN in SUPERficial cancers. Results will be updated at the meeting, as accrual continues.