

NCODA's 2026 Spring Forum Poster Guidelines & Submission Handbook



NCODA's 2026 International Spring Forum



- **Dates:** Apr 15-17, 2026
- **Location:** Gaylord Rockies Denver Colorado
- **Address:** 6700 N Gaylord Rockies Blvd, Denver, CO 80019
- **Overview:** The NCODA Spring Forum offers oncology professionals an opportunity to engage with industry experts through educational sessions focused on patient-centered care and medically integrated oncology. The event includes an exhibit hall showcasing innovative products and services aimed at enhancing oncology practices and patient care.

NCODA members residing in North America with an accepted abstract will receive complimentary registration, travel, and hotel for one presenter to support their day-of poster presentation. Must arrive on 4/15 and depart on 4/17.

- **Partners:** complimentary airfare and hotel are NCODA poster presentation membership benefits, and your enrollment will be coordinated through partner registration.

Poster Timeline

Date	Milestone
Mon, Dec 15	Abstract submission period begins
Fri, Jan 16	Abstract(s) submissions deadline
Fri, Feb 5	Abstract acceptance/denial and feedback delivered
Mon, Feb 9	Poster submission period begins
Thur, Jan 29	2026 Spring Forum Registration Opens
Fri, Feb 20	Final abstract(s) resubmission deadline
Fri, Feb 27	Poster(s) submission deadline
Fri, March 13	Poster acceptance/denial and feedback delivered
Fri, March 20	Schedule for poster showcase delivered
Fri, March 27	Final poster(s) resubmission deadline
Apr 15-17	Spring Forum
Thur, Apr 16	Spring Forum Poster Session Day 1
Fri, Apr 17	Spring Forum Poster Session Day 2



Poster Timeline - Calendar View

December 2025				
Monday	Tuesday	Wednesday	Thursday	Friday
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
Abstract Submission Opens				
22	23	24	25	26
		Christmas Eve	Christmas Day	
29	30	31		
		New Year's Eve		

January 2026				
Monday	Tuesday	Wednesday	Thursday	Friday
			1	2
			New Year's Day	
5	6	7	8	9
12	13	14	15	16
				Abstract Deadline
19	20	21	22	23
Martin Luther King Day				
26	27	28	29	30
			Registration Opens	



Poster Timeline - Calendar View

February 2026				
Monday	Tuesday	Wednesday	Thursday	Friday
	2	3	4	5
				Abstract Acceptance/Denial & Feedback Delivered
9	10	11	12	13
Poster Submission Opens				
16	17	18	19	20
President's Day				Final Abstract Resubmission
23	24	25	26	27
				Poster Deadline

March 2026				
Monday	Tuesday	Wednesday	Thursday	Friday
2	3	4	5	6
9	10	11	12	13
				Poster Acceptance/Denial & Feedback Delivered
16	17	18	19	20
	St. Patrick's Day			Poster Schedule Delivered
23	24	25	26	27
				Final Poster Resubmission
30	31			



Poster Timeline - Calendar View

April 2026				
Monday	Tuesday	Wednesday	Thursday	Friday
		1	2	3
6	7	8	9	10
13	14	15	16	17
		Spring Forum	Spring Forum	Spring Forum
20	21	22	23	24
27	28	29	30	

Abstract Requirements

Header

- NCODA Poster Abstract
- 2026 Spring Forum
- The Main Topic (e.g., Case Reports)
- Name and Credentials | Institution, Organization, or University
- Email

Body

- Title
- Learning Objectives
- Abstract [≤ 400 words]
- Choose One Main Topic Below:
 - Case Report
 - Education/Training
 - Hot Topic
 - Original Research
 - Review
- References



- Your abstract should be labeled under one of the main topics (e.g., III – Hot Topic), but you may adjust the suggested subtitles (e.g., Service of Program/Background) to best suit your content. These subtitles should guide your writing and your abstract itself should be submitted in this structured format.

(I) Case Report

- Introduction/Background
- Case
- Discussion
- Conclusion

(II) Education/Training

- Introduction/Background
- Clinical Significance/Service
- Justification/Documentation
- Adaptability
- Significance

(III) Hot Topic

- Service of Program/Background
- Justification/Documentation
- Adaptability
- Significance

(IV) Original Research

- Introduction/Background
- Research Question/Hypothesis
- Study Design
- Methods
- Results
- Conclusions

(V) Review

- Introduction/Background
- Methods
- Results/Primary Study Points
- Discussion
- Conclusion
- Other

Abstract Example #1



NCODA Poster Abstract
2025 Spring Forum
Education/Training
Mary K Anderson, BSN, RN, OCN | NCODA
Mary.anderson@ncoda.org

Collaborating for Patient-Centered Care The Oral Anticancer Medication Care Compass: A Joint Resource from NCODA and ONS

Learning Objectives

1. Explain the significance of interprofessional care coordination in the management of patients taking OAMs.
2. List key phases and touchpoints involved in caring for patients taking OAM.
3. Identify jointly developed tools and resources from ONS and NCODA that support oncology clinicians in managing patients on OAM.

Introduction

Caring for individuals taking oral anticancer medications (OAMs) presents unique challenges for both patients and healthcare professionals. Successfully navigating these complexities requires a proactive, collaborative approach that bridges gaps in care, and supports patients throughout their cancer treatment journey. Despite structured frameworks and professional standards for OAM administration and dispensing, practices are challenged to develop proactive, collaborative processes that engage multiple stakeholders to ensure patients remain safe and supported throughout their treatment journey.¹

Clinical Significance/Service

Given the many stages involved in OAM management, patients are at risk of falling through the cracks or becoming lost in the complex healthcare system; therefore, the importance of interprofessional care coordination cannot be overstated. To address these challenges, NCODA and ONS collaborated to develop the OAM Care Compass, an interprofessional resource designed to promote collaboration among oncology care providers, raise awareness of the importance of coordinated care, and offer practical support for those managing patients taking OAMs.

Justification and Methods

Leaders from ONS and NCODA assembled a panel of 10 oncology subject matter experts consisting of oncology pharmacists and nurses from diverse practice settings nationwide that varied in terms of geographic locations, available resources, and practice size and type. The project unfolded into three structured phases:

1. **Discovery Phase:**
The SME reviewed and discussed the domains of an OAM Program as defined by Sivakumaran et al.² They also identified and compiled critical touchpoints within the OAM care continuum based on their professional experiences within diverse practice settings.
2. **Resource Identification Phase:**
Participants mapped best practices and listed common barriers to implementing the care across the identified phases. Then they outlined resources currently in use within their practice settings and identified additional resources that are needed but not yet available.
3. **Resource Development Phase**
The expert panel reviewed the list of identified resource needs and determined which could realistically be developed within the panel's capabilities. The resulting resources created by the interprofessional panel include:
 - Positive Quality Intervention (PQI) OAM Workflows: Analyzing Processes and Performing Process Mapping
 - PQI Supplement: OAM Workflow Analysis Tool
 - Resources for OAM Patient and Caregiver Education

Availability and Adaptability

The resources created in the OAM Care Compass, available through NCODA and ONS, are designed as living documents that can evolve with the needs of the oncology care community. The OAM Care Compass is a comprehensive collection of tools designed to help practices analyze their processes, design effective workflows, enhance patient education, and improve outcomes through standardized, high-quality care.

References

Anderson, M.K., Bettencourt, E.B., Lefebvre, K.B. (2024) Defining the Role and Responsibilities of the Oral Anticancer Medication Nurse Navigator. *Seminars in Oncology Nursing* <https://doi.org/10.1016/j.soncn.2024.151582>

Abstract Example #2



NCODA Poster Abstract
2025 Fall Summit
Original Research
Jonathan Rivera, PharmD | NCODA
Jonathan.rivera@ncoda.org

NCODA Webinars: A Virtual Platform for Oncology Education and Engagement

Learning Objectives:

- Identify trends in viewership and feedback on NCODA's oncology webinar series.
- Summarize key oncology education themes delivered through NCODA webinars.
- Demonstrate how webinar engagement data can inform educational planning and partner outreach strategies.

Introduction: Webinars, defined as web-based seminars that enable real-time, interactive learning across distances, have proven effective in both professional and academic settings. A meta-analysis of 15 independent sources comparing 716 webinar participants with 698 controls found significant gains in both knowledge and skills among webinar attendees¹.

Results:

Participation & Reach

Preliminary results show a consistent pattern of engagement, with an adjusted average of ~57 unique attendees per webinar. Attendance peaked at 108 views, with monthly averages ranging from ~38 to ~81. From March to July 2025, webinars reached an average of ~23 U.S. states and ~39 practice sites per event, spanning academic centers, health systems, and community oncology settings.

Audience Composition

Of attendees whose credentials were recorded, nearly 47% were pharmacists, followed by nurses (19.4%), pharmacy technicians (14.7%), and other oncology professionals (16.5%). Representation from advanced practice providers (1.7%) and physicians (1.0%) continue to grow.

Engagement & Satisfaction

Webinars were exceptionally well received:

- ~75% of attendees reported they *"really enjoyed the webinar and would love to attend more."*
- ~25% found the session "good" and would consider attending again.

Clinical Impact

Across multiple sessions, 90-95% of respondents stated they learned something likely to improve patient care. In confidence-building webinars, 59-78% reported feeling very confident applying what they learned in practice.

Resource Needs

Attendees consistently identified the following tools as most helpful for managing patients on complex therapies:

- Staff training and competency tools
- Additionally, up to 61.1% expressed that a Positive Quality Intervention (PQI) resource would be "absolutely valuable" to their practice.

Future Topic Interests

Frequently requested topics include:

- Emerging oncology therapeutics
- Oncology policy/legislative updates

Conclusion: The platform's measurable reach and consistently high satisfaction ratings make it a compelling model for oncology education. Future enhancements will further expand the reach and strategic value of this initiative.

References:

Gegenfurtner A, Ebner C. Webinars in Higher Education and Professional Training: A Meta-Analysis and Systematic Review of Randomized Controlled Trials. *Educ Res Rev.* 2019;28:100293. doi:10.1016/j.edurev.2019.100293

Abstract Example #3



NCODA Poster Abstract

2025 Fall Forum

Original Research

Vincent Chung,¹ Anjan Patel,² Yutong Liu,³ Mark Kochenderfer,⁴ Nagendra Natarajan,⁵ Grant R Williams,⁶ Ashley Laursen,⁷ Whitney Rhodes,³ Andy Surinach,³ Li Zhang,⁷ Jia Li,⁷ Fiona Maxwell,⁸ Alice Zervoudakis,⁹ Eileen M O'Reilly,⁹ Zev A Wainberg¹⁰

¹City of Hope, Duarte, CA, USA; ²Florida Cancer Specialists, Sarasota, FL, USA; ³Genesis Research, Hoboken, NJ, USA; ⁴Blue Ridge Cancer Care, Roanoke, VA, USA; ⁵Nebraska Cancer Specialists, Omaha, NE, USA; ⁶The University of Alabama at Birmingham, Birmingham, AL, USA; ⁷Ipsen, Cambridge, MA, USA; ⁸Ipsen, London, UK; ⁹Memorial Sloan Kettering Cancer Center, New York, NY, USA; ¹⁰University of California, Los Angeles, CA, USA

Title: Characteristics of long-term survivors and impact of dose adjustments in first-line NALIRIFOX treatment for metastatic pancreatic ductal adenocarcinoma: *post hoc* analyses of NAPOLI 3

Learning objectives:

1. Describe long-term survivors (overall survival of ≥ 18 months) in NAPOLI 3 who received NALIRIFOX for the treatment of metastatic pancreatic ductal adenocarcinoma (mPDAC) in North America and identify factors that are associated with prolonged survival.
2. Evaluate the impact of NALIRIFOX dose adjustments on overall survival in patients treated for mPDAC in North America.

Introduction: These *post hoc* analyses of NAPOLI 3 described long-term survivors and the impact of NALIRIFOX dose adjustments on overall survival (OS) in North American patients treated for metastatic pancreatic ductal adenocarcinoma (mPDAC) with NALIRIFOX.

Methods: Patients with untreated mPDAC were randomized to receive NALIRIFOX in NAPOLI 3 in North American centers. Descriptive statistics were used to estimate median OS (mOS) (interquartile range [IQR]).

Results: For the long-term survivors ($n=15$), mOS was 19.5 (IQR: 18.8–22.6) months; 53.3% were male. At baseline, long-term survivors had a median age of 61.0 (IQR: 49.0–70.5) years, median CA 19-9 level of 166.8 U/ml (IQR: 32.7–1728.4), 53.3% had ECOG PS of 0, 53.3% had their main pancreatic tumor in the pancreas body, 66.7% had liver metastasis, and 53.3% had ≥ 3 metastatic sites. Liposomal irinotecan and oxaliplatin dose reductions were experienced by 66.7% and 80.0% of long-term survivors, respectively, and dose delays by 86.7% and 80.0%, respectively. L

Conclusions: Patients with prolonged OS were generally younger (vs typical mPDAC diagnosis), few had tumors in the pancreas head or tail and, overall, CA19-9 levels and ECOG PS were low. A large proportion of long-term survivors experienced liposomal irinotecan and/or oxaliplatin dose reductions or treatment delays but had prolonged exposure and high cumulative doses of both drugs. Additionally, tolerability-guided dose modification of liposomal irinotecan did not adversely affect efficacy outcomes, suggesting a path towards further optimization of OS for patients with mPDAC receiving NALIRIFOX.

Funding: This study was sponsored by Ipsen.

Abstract Submission Instructions

1. Complete your abstract and save it as an editable Word document (.doc or .docx)
2. Email the abstract with the subject line:

2026 Spring Forum Abstract - [Poster Title]

- Send to: posterpresentations@ncoda.org
- CC: your designated committee lead
- **If you are an NCODA member, please specify in the body of your email the full name and email address of the presenter you wish to assign complimentary registration to. If a partner, please disregard this request.**
- **Deadline: Fri, Jan 16**

Committee Lead Contacts (CC the appropriate one):

Submitter Role	Committee Lead
Physicians, Pharmacists, & Residents	Natasha.Olson@ncoda.org
Advanced Practice Providers	Shawnny.Eugene@ncoda.org
Nurses	Mary.Anderson@ncoda.org
Pharmacy Technicians	Taryn.Newsome@ncoda.org
Students	Mustafa.Abacioglu@ncoda.org
Industry Partners & Fellows	Jonathan.Rivera@ncoda.org
Research Focused (PhD, MS, MA)	Madelyn.Floysand@ncoda.org



Additional Abstract Information & Next Steps

- You will receive feedback by Fri, Feb 5
- After revisions, submit your finalized abstract via email to posterpresentations@ncoda.org and CC you designated email lead.
- **An approved finalized abstract submission is required for your poster to be accepted and featured at the Spring Forum.**
- If abstract feedback is provided, your final revised submission is due by **Fri, Feb 20**
 - Email the abstract with the subject line:
2026 Spring Forum Abstract - [Poster Title]
 - Send to: posterpresentations@ncoda.org
 - CC: your designated committee lead
- Begin working on your poster using the approved abstract edits.





Poster Example #1


Background

- **Ten** bispecific T-cell engagers (BTCEs) have been approved in the US, with **more** currently in development.
- Approved agents are being explored for use in **earlier lines of therapy** and are expected to be used across a wider range of care settings.
- Differentiating BTCEs from other bispecific antibodies is **critical**, as they require **specific protocols** due to their unique dosing, monitoring schedules, and potential side effects.
- Many practice sites often **lack the confidence, education, and resources** necessary for their safe implementation.
- NCODA practice and member survey findings highlight **significant knowledge and confidence gaps** among practice sites:
 - **11%** can confidently **differentiate BTCEs** from non-T-cell bispecific antibodies.
 - **26%** feel confident in **managing the toxicities** associated with BTCEs.
 - **53%** face challenges in **transitioning patient care** between clinic and hospital.
- The NCODA Clinical Excellence Team:
 - Interviewed over **20 diverse clinical sites** and reviewed existing published playbooks and literature to identify operational gaps and resource needs.
 - Developed the Immunotherapy Hub to provide education, resources, and example protocols for the **safe and effective use of BTCEs** across various cancer care settings.


NCODA's Immunotherapy Hub: A Centralized Resource for Navigating Bispecific T-Cell Engagers

Madelyn Floyssand, PharmD; Shawwny Eugene, PharmD, MBA, MS; Kelly Brunk, PharmD, BCOP
NCODA, Cazenovia, New York


NCODA's Immunotherapy Hub is your resource for all things bispecific T-cell engager.



Scan QR Code to go to
download the **full abstract**



Scan QR Code to go to the
Immunotherapy Hub



Objective

Describe NCODA's Immunotherapy Hub, a resource created to fill operational gaps and support clinicians with education, protocols, and tools for safe and effective BTCE implementation.

Three Sections

- 1. Overview of BTCEs**
 - These resources provide essential knowledge on BTCEs, offering key insights and equipping you with practical guidance for effective clinical implementation.
- 2. Agent-Specific Resources**
 - "Up Close" resources let you dive deeper—offering focused insights on each BTCE.
- 3. Example SOPs & Documents**
 - De-identified example protocols, procedures, and resources.
 - Collected from diverse clinic settings.

Future Directions

More Immunotherapy Resources:

- Chimeric Antigen Receptor T-cell (CAR-T)
- Immune Checkpoint Inhibitors
- Tumor Infiltrating Lymphocytes (TILs)
- Other emerging therapies

References

Scan the QR code to the left to access the full references list.



Poster Example #2

The NCODA Nursing Community:

Building Each Other. Empowering You. Elevating Care.

Mary K. Anderson, BSN, RN, OCN® | NCODA

Our Mission

Is to inspire nurses caring for individuals with cancer, to share ideas, collaborate interprofessionally, and promote quality standards and best practices

Our Vision

Is for all oncology nurses to be recognized as valued members of the medically integrated care team. We will achieve this through innovation of resources that empower all oncology nurses to provide the best care possible so that every patient receives the maximum benefit from their treatment.

What We Do.

- Foster Collaboration**
Connecting nurses nationwide to work together and improve patient care.
- Share Best Practices**
Providing access to proven tools and resources to help provide the best care possible.
- Elevate One Another**
Celebrating and supporting each nurse's personal and professional growth
- Empower with Knowledge & Confidence**
Equipping nurses with tools and support to succeed with success

Community Leadership

Mary K. Anderson, BSN, RN, OCN
Elizabeth Betencourt, MSN, RN, OCN
Karen Garrett, BSN, RN
Donnell Hale, MBA, BSN, RN, OCN
Dallas Lawry, DNP, FNP-C, AOCNP

Amanda McCauley, MSN, RN, OCN
Kinjal Patel, MBA-HM, BSN, RN, OCN
Tonya Robinson, BSN, RN, AMB-BC
Debra Shapert, MSN, RN, OCN
Caprina Tomlinson, RN, OCN, ONN-CG

Fuel Your Passion!

Join 1500+ nursing professionals engaged in the following activities:


- Join monthly gatherings
- Contribute as Nurse in Focus
- Participate in focus groups
- Engage in round tables
- Write for Oncolytics Today
- Present a poster
- Connect as a regional leader
- Author a PQI (Positive Quality Intervention)
- Serve on a panel presentation
- Share insights on PQI Podcast
- Plan with the conference planning committee
- Join the Professional Educators Network (PEN)





Poster Example #3

Medicare Changes for 2026

Vonda McClendon, RCPHT | Texas Oncology



Background	Methods	Discussion	Results / Conclusion
<p>Medicare Part D is a government program, which was enacted in 2006. This program helps Medicare beneficiaries pay for prescription drugs. It's an optional, voluntary benefit offered through private insurance companies approved by the federal government. However, penalties may be incurred if patients do not have credible coverage. Part D helps cover the cost of prescription medications, including both brand-name and generic drugs, that are not typically covered by Medicare A or Part B.</p>	<p>Proposed Part D updates to the Medicare programs for 2026 are intended to improve benefits to Medicare beneficiaries. These changes will be implemented to all Part D recipients starting January 1, 2026 for continuity, with an emphasis on the increases on Rx annual deductibles and Rx MOOP as well as modifications to drug formularies.</p>	<ol style="list-style-type: none">1. Starting January 1, 2026, the Medicare Part D deductible will be \$615, a \$25 increase.2. The new maximum Rx OOP is \$2,100.3. Medicare's new AI-assisted prior authorization requirement (WiSeR) will start January 2026. for traditional Medicare beneficiaries will pilot in Arizona, New Jersey, Ohio, Oklahoma, Texas and Washington. This will run until December 2031.4. Imbruvica, Ibrance and Xtandi will be included on the 2026 MFP (Maximum Fair Price) list.	<p>The new Medicare prescription benefit model may offer additional financial assistance education and navigation opportunities. Under CMS supervision, these upcoming changes are part of the broader Medicare Part D redesign</p>
<h3>Objective(s)</h3> <ul style="list-style-type: none">➤ Explain the 2026 deductible and the new max Rx OOP.➤ Define the Prior Authorization change coming to six states.➤ Update on cancer drugs included on the 2025 MFP negotiated price list	<h3>Wasteful and Inappropriate Service Reduction Model</h3> <p><small>Abstract: The Wasteful and Inappropriate Service Reduction Model is a tool designed to help providers identify and eliminate unnecessary services, thereby reducing costs and improving patient outcomes. The model is based on a review of the literature and a survey of providers. The model is designed to be used by providers to identify and eliminate unnecessary services, thereby reducing costs and improving patient outcomes. The model is based on a review of the literature and a survey of providers.</small></p>  <h4>Model Goals</h4> <ul style="list-style-type: none">1. Focus health care spending on services that will improve patient well-being2. Reduce unnecessary use of health care resources3. Apply common-sense principles that help the patient, the provider, and the system4. Increase transparency of health care costs5. Reduce use of health care resources	<h3>QR Code</h3> 	<h3>Reference(s)</h3> <ol style="list-style-type: none">1. https://www.cms.gov/priorities/innovation/innovation-models/wiser#:~:text=The%20Wasteful%20and%20Inappropriate%20Service,opened%20on%20June%207%2C%2020252. https://www.medicareresources.org/faq/what-kind-of-medicare-benefit-changes-can-i-expect-this-year/#:~:text=What%20are%20the%20changes%20to,drugs%20covered%20under%20Part%20D <h3>Disclosure</h3> <p>No relevant disclosures financial relationships from the past 24 months have been identified for the following viewers of this activity.</p>

Poster Submission

- You can submit your poster by filling out the survey “Spring Forum Poster Submission” found in this [link](#)
 - *The poster submission link will open on Mon, Feb 9*
- Please submit your poster by **Fri, Feb 27**
- If accepted, you may receive feedback on your poster by Fri, March 13
- After completing your requested revisions, please submit your finalized poster via email to posterpresentations@ncoda.org and CC you designated email lead by **Fri, March 27**. There is no need to resubmit via the survey.

You will receive the 2026 Spring Forum poster schedule by Fri, March 20



Poster Submission Alternative

- If you are unable to submit your poster via Google Forms, you may email it as a PowerPoint (.pptx) or PDF (16:9 ratio, 1920x1080 px, 300 dpi)
- Email the poster with the subject line:
 - **2026 Spring Forum Poster - [Poster Title]**
 - Send to: posterpresentations@ncoda.org
 - CC: your designated committee lead
 - **Deadline: Fri, Feb 27 29**
- **Include the following information in your email:**
 - Your name (First Name Last Name) and associated credentials (if applicable):
 - Preferred contact email for the person submitting the poster(s):
 - Poster presenter(s) name(s) (First Name Last Name) and associated credentials (if applicable):
 - Poster presenter(s) preferred contact email:
 - Poster presenter(s) affiliated institution/organization/university:
 - Has the poster presenter(s) registered for the 2026 Spring Forum: (Yes/No)
 - Names and emails of individuals to include on NCODA poster communications (other than the person submitting or the presenter(s)). List names and emails. If not applicable, type "N/A":
 - Poster title (exactly as it appears on the poster):
 - Poster category (select one): (Case Report, Education/Training, Hot Topic, Original Research, Review):
 - Consent for use of abstract and poster in event materials and online: (Yes/No)
 - Are any of the posters being submitted a Trial-in-Progress (TIP) or Encore. If yes, include the poster titles and identify whether each is a TIP or encore. If not applicable, type "N/A":
 - Special requests or accommodations needed:



Poster Reminders

Technical & Design Specifications

- **Poster Size:** PowerPoint or PDF (16:9 ratio, 1920x1080 px, 300 dpi).
- **Display:** Posters will be shown on a 65" TV screen.
- **Font Size:** Minimum 10-14 pt font.
- **Font Style:** Stick to serif or sans-serif fonts (e.g., Arial, Calibri, Times New Roman).
- **Graphics & Images:**
 - Use high-resolution images. Avoid blurry, pixelated, or stretched graphics.
 - Ensure graphs, charts, and visuals are labeled clearly (e.g., axes, legends, units).
 - Use text overlays on shapes instead of typing directly into shapes to maintain consistent font size.
 - No audio, video, or animations allowed.
- **Alignment & Spacing:**
 - Maintain consistent alignment across all elements. Misalignments are especially noticeable on the large displays.
 - Ensure consistent font sizes and styles throughout.
- **Color Scheme:** Use a professional, high contrast color palette to maximize readability.



Poster Reminders

Content & Presentation Best Practices

- **Title:**
 - Avoid starting with "A," "An," or "The".
 - If applicable, do not include brand names in the title.
- **Acronyms:** Always spell out acronyms on the first use (e.g., over-the-counter (OTC)).
- **References:**
 - Use American Medical Association (AMA) style for all references, including images.
 - If space is limited, you may include a QR code linking to full references or additional materials. Please ensure the QR code works properly and is not set to expire.
- **Visual Cues:** Consider using callout boxes or arrows to highlight key points or data.
- **Language:**
 - Maintain a professional tone throughout.
 - Ensure spelling and grammar are correct. Proofread carefully.

Presenter Preparation

- **Elevator Speech:** Prepare a 3-4-minute summary of your poster for the presentation session.
- Practice presenting your poster verbally to ensure clarity and confidence.
- **Dress Code Reminder:** Business professional attire is expected for the presentation.



Frequently Asked Questions

- **Is there a submission fee?**
 - No. There is no fee to submit your poster.
- **Do you accept Trial-in-Progress (TIP) or Encore posters?**
 - Yes, with conditions. NCODA currently accepts TIP and Encore Posters:
 - Be identified as such during abstract and poster submission.
 - Include in the disclaimer that the poster is a TIP or an Encore poster.
 - Please note:
 - Priority approval will be given to posters that are not TIPs or Encores, as spots are limited.
 - If space permits, TIPs and Encores will be considered without issue.
- **Are submitted posters peer reviewed?**
 - Yes. All posters and abstracts undergo peer review by the NCODA Poster Committee.
- **If the first author is not able to attend the congress to present in person who may present on their behalf?**
 - A co-author may present on behalf of the first author.
 - If a pharmaceutical company employee will present on behalf, please inform us of their name and company during submission.
 - The designated presenter must be registered for the 2026 Spring Forum.
- **Do I need to prepare a printed version of the poster?**
 - No. Posters will be displayed on a 65" TV screen during the presentation. A printed version is not required.
- **Am I required to use the NCODA poster template?**
 - No. The NCODA poster template is not required. It is simply provided as a resource to help you get started. If you have an existing company or organization poster, you are welcome to use your own template.
- **Are posters published anywhere?**
 - Posters and abstract will be published:
 - On the NCODA website
 - In Summit Rewind or Forum Rewind (*Only for their respective conference*)
 - In the NCODA Journal of Oncology Abstracts (NJOA)



Support & Contacts

- For questions or assistance, please contact: posterpresentations@ncoda.org
- CC: your poster committee lead

Committee Lead Contacts (CC the appropriate one):	
Submitter Role	Committee Lead
Physicians, Pharmacists, & Residents	Natasha.Olson@ncoda.org
Advanced Practice Providers	Shawnnny.Eugene@ncoda.org
Nurses	Mary.Anderson@ncoda.org
Pharmacy Technicians	Taryn.Newsone@ncoda.org
Students	Mustafa.Abacioglu@ncoda.org
Industry Partners & Fellows	Jonathan.Rivera@ncoda.org
Research Focused (PhD, MS, MA)	Madelyn.Floysand@ncoda.org

- We're happy to assist with any questions regarding abstract/poster submissions, formatting, deadlines, or logistics!





Poster Templates

Title

Name(s) | Name of Organization



Background

State the purpose of the research and summarize the current knowledge, the knowledge gap, and how the research project proposes to address the knowledge gap.

Methods

Describe the approach, including study design, participants, data collection, and analysis methods.

Discussion

Interpret the results, highlighting their significance, implications, and potential limitations.

Results / Conclusion

Summarize the key findings of the project or research, often with the support of data tables or figures.

Objective(s)

Identify the specific aims or research questions the project seeks to answer.

REPLACE WITH GRAPHICS: (charts, graphs, diagrams, etc.) that effectively convey the data or concepts.

Reference(s)

Ensure all literature, data, prior work, graphics, etc., referenced in the presentation are properly cited.

Disclosure

Disclose all financial or personal relationships that could influence the research or outcomes.

Title

Name(s) | Name of Organization



Background

State the purpose of the research and summarize the current knowledge, the knowledge gap, and how the research project proposes to address the knowledge gap.

Methods

Describe the approach, including study design, participants, data collection, and analysis methods.

Discussion

Interpret the results, highlighting their significance, implications, and potential limitations.

Results / Conclusion

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Objective(s)

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Reference(s)

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Title

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Insert main finding here, emphasizing the key points.

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Results / Conclusion

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